should state

PHYSICIANS

stated EXACTLY

properly classified.

mation should be area by supplied. AGE should be CAUSE OF DECIMENT pizin terms, so that it may be

act statement of OCCUPA-

-WRITE PLAINLY,

B. ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	APORATE LIMITE
County MALLY VV	Registration Dist. No.
Village or City winburkand (IF	No. 3 Control of St., 5 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME / Mahlon Henry	adam
(a) Residence: No. 3 / 0, J and of (Usual place of abode)	St., 5 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. II-married, widewed, or divorced HUSBAND of (oc) WHFE of Oma adoms	22. I HEREBY CERTIFY, That I ettended deceased from Sures 7 1937 to Fact 14 1933
6. DATE OF BIRTH (month, dey, and yeer) Oct 17 18.57	I last saw hum alive on Feth 4 , 19 33; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 114m.
75 × 3 27 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
S Trade explanation or particular	Day (mars a f) Date of onset
SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked at this excuration (month and this excuratio	
10. Dete deceased last worked at this occupation (month and yeer) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(Stete or country) Mgma	Stay Valera. Tryeaming
13. NAME David / adams	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Germa Prissel	23. If death was due to externel causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / WWW. WWW. W. CAUMING. (Address) 310 Transact to 15	Specify whether Injury occurred in INDUSTRY, In HOME, or In PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place / Lung / full lundete July 16, 1933	Neture of injury
19. UNDERTAKER J. J. Juttes (Address)	24. Was disease or injury in eny way related to occupation of deceesed?
20. FILE Leve 1.6. 1933 Flarwey H Press	(Signed) M. D.
Registrar.	(Address) Mulliman full

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year.

	ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN	
-							

V. S. No. 1

	3D	YS	sta	
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERK NENT RECORD	mation should be carefally supplied. AGE should be stated EX. CTLY. PHYS.	ict	
MARGIN RESERVED FOR BINDING	RE		•	•
	H	LY		
5	(E)	E	fied	
77	Z.	7	SSI	
1	RN	×	cla	*
4	PE	H	rly	TION is very important. See instructions on back of certificate.
3	A	ate	obe	tiff
4	15	St	pr	cer
	HIS	be	pe	Jo
>	H	plu	nay	ack
TEL	NK	sho	it n	n b
1		E	lat	S O
9	ING	V	o th	tion
TIE	AD]	d.	S, S	ruc
2	NE	plie	rm	nst
MA	U	dns	n te	ee i
1	TH	A	3	S
-	W	efa	H	mt.
	Z,	car	H.	orta
	Z	pe	LVS	mp
7	Y	PI	DE	y 1
	P	hou	OF	ver
	TE	II S	SE	-12
	VR	atio	AUS	0
Y . C. T. T. C. T.	1	H	C	E
	B			
	Z			

ICIANS should state tement of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH 01301
1. PLACE OF DEATH	COPATE LIMITS (6)
County Ellegany IN COR	Registration Dist. No.
Village Dr City Cushiller Jane	ND. 22 St., 6 Ward fdeath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	sds. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME Trovis C. C	damy
(a) Residence: No. Z21 Uingim	Les 6- Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male While OR DIVORCED (write the world)	(Month) (Day) (Year)
ia. I (married, widowed, or divorced AUSBAND of	
(or) WiFE of	22. I HEREBY CERTIFY, That I attended deceased from
A 14.003	
AGE Years Months Days If LESS than	to have occurred on the data stated above, at 10. 2. 2. 2. 2. 2.
1 day,hrs	
n de la lormin.	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	Suistor nound of
SAWYER, BOOKKEEPER, etc.	bead selfunftided gol,
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Jew o
10. Date deceased last worked at this occupation (month and spant in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Cante of importance:
(State or country)	
13. NAME Charles Gola (State or country)	
14. BIRTHPLACE (city or town)	Nama of operation Date of
(State of capitaly)	What test confirmed diagnosis? Was there an autopsy?_bo.
15. MAIDEN NAME Margaret Press	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Margarel Reese 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide Data of injury 1/6, 1953.
(State or country)	Where did injury occur? Combendand in of
17. INFORMANT Many margare 1 Polls	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Case Hillense Date Teb 8, 1933	
L. Storing	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) Lerland Md.	If so, specify
Ten , 220 fl	(Signet) akupa (See Tocal Jess
20. FITE La 19 9 March 19 Registrar.	(Address) Sunsellowed, Mills

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago 1 week ago Chronic interstitial nephritis 1921 Run over by street car Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

For authorit, for change of age see letter

CTLY.

N. B.

SIAIL	OF MARYLAND—	CERTIFICATE OF DEATH	01302
1. PLACE OF DEATH		(157-0)	1
County	2 gamma	Registration Dist. No.	
Village or City Ololton	affer 1	No. a sast	St.,Ward
Length of residence in city or town where		death occurred in a hospital or institution, give its NAME instead of seconds. How long in U.S. if of foreign birth?yrs	
\circ	death occurred of P	D 1 11	
2. FULL NAME	a lat d.	dineck	
(a) Residence: No.	I Coltown his	St., Ward.	1 Contract
PERSONAL AND STATIST	(Usual place of abode)	If nonresident give city or MEDICAL CERTIFICATE OF DE	
	5. SINGLE, MARRIED, WIDOWAD,	21. DATE OF DEATH	-A111
3. SEX	OR DEVORCED (write the word)	2. DATE OF BEATH Feb 9	103.
male While	Single	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of	0	22. A I HEREBY CERTIFY That I	attended deceased from
(or) WIFE of	Hamble Company of the	Jan 3 33	6 9 1033
	12-1932	Part saw h Am alive on 77 de 8	, 1933; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Divs If LESS than	to have occurred on the date stated above, at 2 P. m.	, 1932, Geath 13 3an
1. AGE Tears Months	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Import	ance
	ormin.	were as follows:	Date of onse
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc,	A District	0-10	
SAWYER, BOOKKEEPER, etc,			
Nindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and		or courter or have	2
J.D. Date deceased last worked at	11. Total time (years) spent in this	que a ce	
this occupation (month and year)	spent in this occupation		
	and a	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)			
~1 00 4	0 1.00		
I	The state of the s		
14. BIRTHPLACE (city or town)	West Va	Name of operation.	Date of _ I
(orate of country)	1 11	What test confirmed diagnosis? Was	there an autopsy?
15. MAIDEN NAME Bula. 16. BIRTHPLACE (city or town)	he Hartley	23. If death was due to external causes (VIOLENCE) fill in also the	e following:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of inju	ry, 19
(State or country)	mer	Whera did injury occur?	
17. INFORMANT Clearly	Quiele	(Specify city or town, coun Specify whether injury occurred in INDUSTRY, in HOME, or In P	UBLIC PLACE.
(Address) O-Coltan	mal		
18. BURIAL CREMATION OF REMOVAS	+ 71.	Manner of injury	
Plantartley amal	enota 10 - 1932	Nature of Injury	
7.	2. 2	24. Was disease or injury In any way related to occupation of dec	
19. UNDERTAKER (Address)	0. 0. 0	If so, specify	.cascu:
M. a		mesala	
20. FILED 7 , 19.33 - Ca	ne a stromholt	(Signed)	Q
	Registras	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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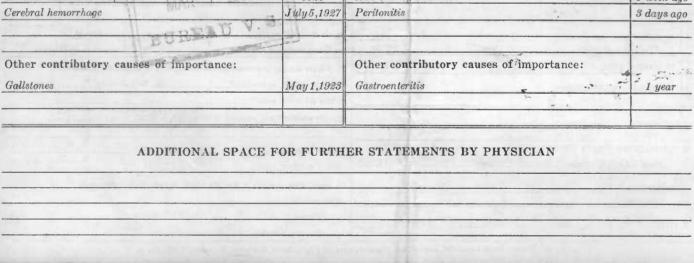
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis .	3 days ago
LUBLAU V.	- 10-50		,
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



V. S. No. 1

	STATE OF I	MARTLAND—	CERTIFICATE OF DEATH	01303
ı.	PLACE OF DEATH	WITHING	OHPONATE LIMITO	4
	Village or City Conford	Mand	No. Registration Dist. No. No. About St., death occurred in a hospital or institution, give its NAME instead of street a	6 - 1 Wa
	Length of residence in city or town where death oc	curredyrsmos	ds How long in U.S. if of foreign birth?yrs	_mos
2.	FULL NAME Lian	a am	istead	
	(a) Residence: No. 535	n. Centre	St., 5 Ward.	
		Usual place of abode)	If nonresident give city or town MEDICAL CERTIFICATE OF DEATH	
3. SI	PERSONAL AND STATISTICAL EX 4. COLOR OR RACE 5. SIN	GLE, MARRIED, WIOOWED,	21. DATE OF DEATH	
1	male Colored OR	DIVORCED (write the word)	(Month) (Day)	6, 193 3 (Year)
a. I	If married, widowed, or divorced HUSBAND of (or) WIFE of		22. LI HEREBY CERTIFY, That I attend	ded deceased f
s n	ATE OF BIRTH (month, day, and year)	1-15-1919	I last you have alive on Feb 25 , 195	33; death is
7. A		Days If LESS than	to have occurred on the date stated above, at 330 P.m.	
	141	// 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:) Date of or
NOIL	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	tudent	Bochriamia (Intumacacii) 1-15
OCCUPAI	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
000	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12.	BIRTHPLACE (city or town) (State or country)	1d	Other Contributory Causes of importanca: Mastridias	1-10
~	13. NAME (Indinown	Transtand	f	
FATHER	14. BIRTHPLACE (city or town) (State or country)	Ind	Name of operation Wasterleagury Date What test confirmed diagnosis? Blood Culture was there	of / -/6-
2	15. MAIDEN NAME	00	23. If death was dua to external causes (VIOLENCE) fill in also the follo	
OTHER		5-01	Accident, suicide, or homicide? Date of injury	
×	16. BIRTHPLACE (city or town) (State or country)	74	Where did injury occur?	10
17.	INFORMANT Megaconga (Address)	Horp.	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	
18.	BURIAL CREMATION, OR REMOVAL PLANE OF THE PROPERTY OF THE PROP	mars, 19.3.3	Manner of injury	
19.	UNOERTAKEN (Address)	tem Jue	24. Was disease or injury in any way related to occupation of deceased	no.
20.	FILED El 28 1933 Dan	week Mees	(Signed) L. R. Meggling	

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Perilonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

	PLACE OF DEATH WITHIN CORPORATE	STATE OF MARYLAND
	County allegany	CERTIFICATE OF DEATH
	11	Registration Dist, No.
	- 7 +1 15, O	
-	Village or City Nostburg (No. 15/	ende St.: Ward) (If death occurred in a hospital or institution of the NAME in
ate	Vm C R	tion, give its NAME in stead of street and number.)
if it	² FULL NAME // - O	enneu number,
cer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
0	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MA	16 DATE OF DEATH 7 2/ 1983
6	MARRIED. MARRIED. MIDOWED MARRIED. (Write the word)	
29	inde property	(Month) (Day) (Year)
no	6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
8	Tune 8, 1861	7.1. 30
otio	(Month) (Day) (Year)	that last saw h olive on 192
non	7 AGE [If LESS than	and that death occurred on the date stated above, at
str	7/ yrs. 8 mos. 8 ds. or min.?	The CAUSE OF DEATH * was as follows:
n	8 OCCUPATION 24	Chronic Mysear duly: 2 or 3 years.
See	(a) Trade, profession or Petril Machinian.	Curso.
ند	(b) General nature of industry	
an	business, or establishment in	(Duration) yrs. mos ds
ort	which employed or (employer)	Contributory Contributory
E C	9 BIRTHPLACE (State or country)	Secondary (Duration) yrsmosds
_	10 NAME OF OA	1 Prach
Ver	FATHER Charles & Segments	(Signed) M. D
ග	11 BIRTHPLACE	192 (Address)
Z	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
0	TI MAIDEN NAME	Accidental, Suicidal or Homicidal.
PA	of MOTHER Catherine Parker	1B LENGTH OF RESIDENCE (For Hospitols, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place In the
0000	(State or Country) Md	of deathyrsmosds. Stateyrsmosds Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
L	In Um & B. H	Former or usual residence
9	(Informant)/16/1/	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
ate	(Address) Droslowy	In them Tely 23 1933
5	15 Var so Al Acolor	20 UNDERTAKER ADDRESS
-	Filed /27 198 3 C. 1. Registrar	I Des to Trostlyur
		16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	at more manne are modern, and more megation	

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screenly Cook, Housemoid, etc. If the occupation has been changed whatever, write None. busines. or given up on account of the DISEASE CAUSING DEATH, Spinner, (b) Cotton additional line is provided for the latter statement; if to report specifically the occupations of persons enployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material to know (a) the kind of work and also (b) the For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborerthat fact may be indicated thus; Farmer (rewithout more precise specification as Day For persons who have no occupation mill; (a) Salesman. person, irrespective of (4) Gracery,

Statement of Cause of Death—Name. first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemi cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of name origin; "Cancer" is less definite; avoid American Medical Association.) carbolic acid-probably suicide. Then ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc., "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Brouchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: A ceidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mercly symptom-(secondar, or intercurrent) affection necd Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart etc. The contributory Nomenclature not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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Registrar.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUEGAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01306
1. PLACE OF DEATH	107-01
County Cellegany WITHIN CO	RPORATE LIMITS Registration Dist. No.
Village or City Comberland	No. allegans Hosto St. 4 Ward
O/a/ (If	death occurred in a hospital or justitution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	ds How long in VS. if of foreign birth?yrsmosds.
2. FULL NAME / Sesse / 3 / 3/	vonn,
(a) Residence: No. & Enclied Bla	CSL 2/ Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Temale White Married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. THEREBY CERTIFY. That I attended deceased from
(or) WIFE of Edwin B. Brown	Jeh. 20 1933 40 /eh. 2/ 1933
6. DATE OF BIRTH (month, day, and year) About 1913	I last saw her alive on Set. 22 1939: : death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm,
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows: Detailment of the contract of
kind of work dona, as SPINNER, At Home	Prancis Dioninana. Tel. 21
4 9. Industry or business in which	
work was dona, as SILK MILL, drusumife	
yaar) occupation occupation	Other Contributory Causes of impostance:
12. BIRTHPLACE (city or town)	Cerute Tousellites. Mb.11
(State or country)	
13. NAME flavid Jurgg 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Jose Th. Ruley 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?, Date of Injury, 19
State or country)	Where did injury occur?
17. INFORMANT Colinia Ofron	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Comberland and	
18, BURIAL, CREMATION OF REMOVAL	Manner of injury
Place Collinson and Date Yeb 23, 1933	Nature of Injury
19, UNDERTAKER Tours Stain The	24. Was disease or injury In any way ralated to occupation of decaased?
(Address) Camberland md.	If so, spacify
20 FILE Tel 23 1833 Harvert Men	(Signed) M. M. D.
Registrar.	(Address) - Cumberlowel Mil.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes of importance were as follows:		Example 11		
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED!	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MR (1933)	MAR 7 4233	July 5,1927	Perilonitis	3 days ago
	BURGAU V.B.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01307
1. PLACE OF DEATH	PORATE LIMITS (3)
County Cllegacy	Registration Dist. No.
Village or City Cufmlfrland	No. 43 Machine St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	ds. How long In U.S. if of féreign birth?yrsmosds.
2. FULL NAME Tillbergy Brown	
(a) Residence: No. 6 4 3 (Saaks: Sh. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Security.	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That J etjended deceased from
6. DATE OF BERTH (month, day, and year) Feeb. 1, 1933.	Hast sew her alive on 7-8. [1983; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8:30 Pm.
3 ms intracterine 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	abortion Spontanous 1433
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked et this occupation (month and work) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Cumberland. (State or country)	Other Contributory Causes of importance:
13. NAME (leton 16. Brown 14. BIRTHPLACE (city or town) Legence	Name of operation. Chore Date of What test confirmed diagnosis by Was there an autopsy? The
15. MAIDEN NAME Searg I. Heurst.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Arg Herryst. 16. BIRTHPLACE (city or town) Carryle (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mrs. Clan M. Bruge at	Where did Injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place CLEMATION Date 76. 1, 1933	Manner of Injury
19- TINDERTAKER (Address) Revenue and Miles	24. Was disease or injury in any way related to occupation of deceased? World If so, specify
20. FILED Tell 1 , 19.23 Passer & New Registrar.	(Signed) What volges (Address) Cumberland, Red M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		98 ⁸⁸	

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH should County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street end number) PHYSICIANS How long in U.S. if of foreign birth?_ Length of rasidence in gity or town where death occurred statement 2. FULL NAME (a) Residence: N RECORD (Usual place of abode If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Year) 5a. If married, widowed, or divorced BINDIN **HUSBAND** of 22. CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months Days If LESS than to have occurred on the date stated above, at FOR 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset & Trada, profession, or particular OCCUPATION kind of work dona, as SPINNER, RESERVED SAWYER, BOOKKEEPER, etc may 9. Industry or business in which should work was dona, as SILK MILL SAW MILL, BANK, etc. 10. Data deceased last worked at 11. Total time (years) spent in this this occupation (month and that year) _____ occupation __ instructions Other Contributory Causes of importance: MARGIN 12. BIRTHPLACE (city or town) (State of country) FATHER 13. NAME 14. BIRTHPLICE (city or town in (State or country) What test confirmed diagnosis?, Was there an autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? port 16. BIRTHPLACE (city or town) (Stata or country) Whera did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. should (Address) 18. BURIAL, CREMATION, OR REMOVA Manner of injury CAUSE 1.3.19.3.4 ation TION Natura of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNOERTAKE (Address) If so, specify (Signed) (Address) Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

S. No.

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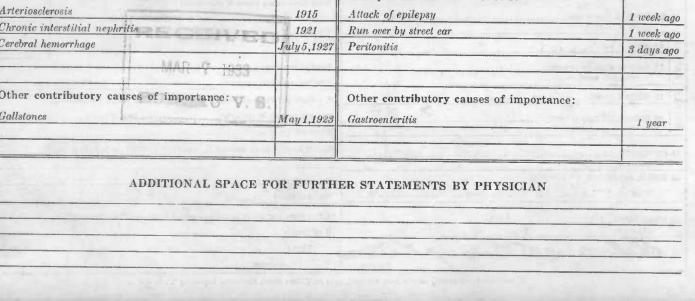
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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year



V. S. No. Ä

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1. PLACE OF DEATH

TE OF MARYLAND—CERTIFICATE OF DEATH					
G G WITHIN CORPORATE LIMITS Registration Dist. No. 4					
wheel che d	No. 270 Baltum avs., 5 Ward				
vn where death occurredyrsmos.	death occurred in horpital or institution, give its NAME instead of street and number) ds. How ong In U.S. if of foreign birth?				
when Buch	olts.				
O Baltonere an	St., & Ward.				
(Usual place of abode) ATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH				
ACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH				
te OR DIVORCED (write the word)	72 2 1933 (Month) (Day) (Year)				
2 Bucholt	22. D I HEREBY CERTIFY. That I attended deceased from				
10 - 5 1501	Just. 20 ,1933, to 7 M 3 ,1933				
nonths Days If LESS than	I last saw h alive on , 19.3 3; death is said to have occurred on the date stated above, at 10.3 Pm.				
/ 5 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance				
INER, Leady	were as follows: Oate of onset Full 33				
ILL,					
11. Total time (years) spant in this occupation espeley Canada antaix	Other Contributory Causes of importance: (Inaucia Luturat luis neglant - 1931.				
3000000	Name of operation Date of				
winny	What test confirmed diagnosis? Was there an autopsy?				
Germany	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?				
in Bucholts	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
Cun Date Feb 5, 19 33	Manner of Injury				
buferd my	24. Was disease or injury in any way related to occupation of deceased?				
Harvey It Men. Registrar.	(Signed) M. D. (Address) Carrober Tand part				
If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.					

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The principal cause of death and related caus of importance were as follows:	Ses Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis	Date of onset 1 week ago 1 week ago 3 days ago
Arteriosclerosis	1915		
Chronic interstitial nephritis	1921		
Cerebral hemorrhage	July 5, 1927		
FECENS.	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

S. No. 1

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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ETREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01311
1. PLACE OF DEATH	DAIS LIMITE (3)
County fellpgamy	Registration Dist. No.
Village or City Combepland	No. 40 Browning St. 6 Ward
Length of residence city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAMH instead of street and number) gs. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME for offe 74, Clar	K
(a) Residence: No. 40 Browning (Usual place of abode)	St., 6 - Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH TEO (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Carallel Closely	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) QC+4. 1861	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
7 7 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related courses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, BOOKKEEPER, etc. BY C. (Retired)	Coronary / prombores 76.32
SAWYER, BOOKKEEPER, etc. 279 Microsoft	
9. Intestry or business in which work was done, as SILK MILL Bouler Impettor SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and this occupation (month and this occupation (month and this occupation).	
10. Oate deceased last worked at this occupation (month and year) year)	
That	Other Computatory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	White Tephone 1
13. NAME Calvin Clark	17 The Center
13. NAME Calvin Clark 14. BIRTHPLACE (city or town) 20.5 4.	Name of operation Oate of
(State of county)	What test confirmed diagnosis? Character Was there an autopsy? has
I	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Oate of injury, 19 Where did injury occur?
17. INFORMANT / Mrs Elizabeth Clark (Address) 44 Brown Color City.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CKEMATION, OR REMOVAL	Manner of injury
Phylesleruport Md Oate 7-er 13 - , 193 &	Nature of injury
19. UNOERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED 13, 1933 Marcegol Mero. Resistrat.	(Signed) M. O.
Kegistrat.	(Address)/ Charles and Maj

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal eause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Example I	I	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		SEOF E GAM	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

xact statement of OCCUPA.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(I)
County Ollegan WITHIN CORPL	PRATE LIMITS Registration Dist. No. 44
Village or City Culled (1	No. Ward f death occurred in a hospital or hystitution, give his NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	ds. How long In U.S. If of foreign birth?yrsmosds.
(a) Residence: No. Two free auo.	St., 5 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dev) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Heb. 9, 1933	I last saw h
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
Ut/ us us are large lay, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	rtiellen
9. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and yeer) 11. Total time (years) spant in this occupation.	4/2 ms. Museum
12. BIRTHPLACE (city or town). Carallel (State or country)	Other Ceatribatery Caases of importance:
14. BIRTHPLACE (city or town). Casaleage	Name of operation Date of
(otato of country)	What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
State or country)	Accident, sulcide, or homicide?
17. INFORMANT Posely Sleges (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL TOTAL TELL 9, 1933	Manner of injury
19. UNDERTAKER Thomas Cline (Address) Hirt Fall due	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED Fleb 9., 1933 Harvey A. Neesa. Registrar.	(Signed) Wester S. M. D. (Address) 122 Badfall Uf
If more blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	**************************************	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1	L	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in thems, so that it may be properly classified. Exact statement of TION is very important. See instructions on back of certificate.

should state

xact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH 01313		
1. PLACE OF DEATH WITHIN CORPORATE LIMITES (83)		
County My May	Registration Dist. No.	
Village or City white and	ND. July St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city of town where death occurredyrsmos		
2. FULL NAME harler It. ole		
(a) Residence: No. /82 Wessian (Usual place of abode)	St., 5 Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced.	21. DATE OF DEATH July 13 (Month) (Day) (Year)	
HUSBAND OF Malzona Cole	22. I HEREBY CERTIFY. That I attended deceased from Mayberules 1931, to fell minst 1319 \$3	
6. DATE OF BIRTH (month, day, and year) Ime 22 1884	I last saw h	
7. AGE Yaars Months Days If LESS than 1 day,	to have occurred on the date stated above, at/m,	
48 / 20 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Se o parles de	
9. Industry or bosiness in which	the the the	
SAW MILL, BANK, etc	of the in Same Proper	
this occupation (month and spant in this occupation occupation	<i>(</i>	
12. BIRTHPLACE (city or town) Institute	Dther Contributory Causes of Importence:	
(State or country) manylpund		
13. NAME A UNIT PROVIDE LA LA BIRTHPLACE (city or town)		
14. BIRTHPLACE (city or town) Don't / Wow	Name of operation	
15. MAIDEN NAME Dont / Show	23. If death was dua to external causas (VIDL ENCE) fill in also tha following:	
15. MAIDEN NAME DON'T COUNTY 16. BIRTHPLACE (city or town). Don't / County (State or country)	Accident, suiclda, or homiclde? Date of injury, 19	
17. INFORMANT MW Malzona Cole (Address) / 8.2. Wendow It	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Date the 1933	Nature of injury	
19. UNDERTAKER J. S. Butter (Address)	24. Was diseasa or injury in eny way related to occupation of deceased?	
20. FILED Tele 16, 19-33 Therney Plans Registrar.	(Signed) THE PROPERTY OF THE STATE OF THE ST	
If more blanks are needed address State Perioden	N. Charles Street Belinner Perusting 7) S. No.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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MAR 7 1933			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH plnods Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred Ads. How long in U.S. if of foreign birth? vrs. mos. ds. (a) Residence: No. RECORD. Ward. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divorced HUSBANO of I HEREBY CERTIEN That I attended deceased from (or) WIFE of 回 6. DATE OF BIRTH (month, day, and year) certificate to have occurred on the date stated above, at 7. AGE Months Days If LESS than 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. 8. Trade, profession, or particular PATION RESERVED kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... back may 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc ... 10. Oate deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ___ 3_0 instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation (State or country) OTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?. 16. BIRTHPLACE (city or town) .--(State or country) Where did Injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnous OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNOFRTAKER (Address) If so, specify (Signed) Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Year)

Date of onset

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DURTINO			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallslones	May 1,1923	Gastroenterilis	1 year
	19.		

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	OPATE LIMITO B
County ellegany	Registration Dist. No.
Village or City June lunchand Mill	No. 508 Cerrett St St. / Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	ds. How long in U.S. It of foreign birth?yrsmosds.
2. FULL NAME . Loy Hubrit A	Jahle
(a) Residence: No. 20 8 / Residence	St., / Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLON OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced	(month) (bay) (rear)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from
1 01 023	1930, to 1960 11, 1900
6. DATE OF BIRTH (month, day, and year) Like f	I last saw h alive on
7. AGE Years Months Days If LESS than 1 day, 4hrs.	to have occurred on the date stated above, at
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wera as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Greenalung burth, pand
SAWYER, BOOKKEEPER, atc.	
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
U 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this year)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Quelle dand SHA	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
II 13. NAME Daniel N. Darl.	
E Daniel Daniel	
14. BIRTHPLACE (city or town) Desible Carel Mill (State or country)	Name of operation
	What test confirmed diagnosis? Mossy Was there an autopsy?
	23. If death was dua to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) / Wilflamy (State or country)	Accident, suicide, or homicide?
(A) (() () () () () () () () (Where did injury occur? (Specify city or town, county and State)
17. INFORMANT DIFF. Dall,	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Quadhantand and Mills 18. BURIAL, CREMATION) OR REMOVAL	
Place I Cecu / Data 7 42 1933	Manner of Injury
A House	Natura of Injury
19. UNDERTAKER Journal Stewarter	24. Was disease or injury in any way related to occupation of decaased?
(Address) Cumbard Mr	If so, specify
20. FILED Tel 22, 1933 Nakury J. Men	(Signed) M. D.
Registrar.	(Address) - Dettellech Besch - Williff
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CEDTICIOATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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MAR 7 1933			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset		
	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonitis	3 days ago
7.	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

WRITE

PLACE OF DEATH WITHIN CORPORATE	STATE OF MARYLAND
County allegacy	CERTIFICATE OF DEATH
Village or City Fractiung (No. Immis	Registration Dist. No. Control St.: Ward (If death a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 7ch. 6th, 1933.
6 DATE OF BIRTH Jef. (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1923. to 26.6 1, 1923. that I last saw hat Laffeld on 26.6 1, 1923.
7 AGE [IfLESS than	and that death occurred on the date stated above, atm,
yrsmosds. ormin.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)de.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER PASS Policie	Secondary (Durstion) yrs
U) 11 BIRTHPLACE OF FATHER (State or country) U	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Butta Doline	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Jesse Doline (Address) Lovacoving Ind	19 PLACE OF BURIAL OR REMOVAL OLL Crucy DATE OF BURIAL LL. 7th, 1932
15 Filed 1923 Our, Walker Registrar	20 UN DERTAKER ADDRESS Smarghed
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, House laborer, Farm laborer, Laborer—Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The materia 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perttonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (secondary or intercurrent) affection need not be Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease; Always qualify all

If this certificate is looked over thoroughly and all questions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYL CERTIFICATE OF DEATH Registration Dist. No. XACTLY, classified (If death occurred in a hospital or institu-Ward) stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH ERMANEN 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED ould may Write the word) (Month) (Day) BINDI I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH instructions Month) (Day) Ilf LESS than 7 AGE and that death occurred on the date stated above, at //. 80 I day brs. The CAUSE OF DEATH * was as follows: upplied or min.? terms 8 OCCUPATION RESERV (a) Trade, profession or 2 0 particular kind of work a (b) General nature of industry d business, or establishment in (Duration) yrs. mos 5 de _ which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 4 DO 10 NAME OF FATHER 3 L 0 (Address) 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER State vis.....nos. of death yrs mos, ds, (State or Country) should ent of O Where was disease contracted, of if not at place of death?. 14 THE ABOVE IS TRUE TO THE BEST OF KNOWLEDGE Every item CIANS shot statement c tem Former or usual residence. (Informant) 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIA (Address) ADDRESS So. Registrar Ď If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomolive engineer Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servaut, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton sary to know the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, etc., or At Home, and children, not gainfully em-For many occupations a single word or term or especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Duy (b) Automobile factory. The materia For persons who have no occupation (a) the kind of work and also (b) the mill; (a) Salcsman. (b) Grocery, of the

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. Then ture of the injury, diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicucinia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Chronic interstitial nephritis, Whooping American Medical Association.) Recommendations on statement of cause of Examples: A ceidental drowning; Struck by railway train "Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Chronic affection need not be etc. The contributory ratrutar heart Always qualify all Measles; disease;

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	1PLACE OF DEATH County Olly any	STATE OF MARYLAND CERTIFICATE OF DEATH
	0 00	Registration Dist. No.
	Village or City MAGE (No.	St.: Ward) (If denth occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED UP (Write the word)	16 DATE OF DEATH 70 / 1933. (Month) (Day) (Year)
	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 , that I last saw it faire on 192 ,
	7 AGE If LESS than I day hrs. or min.?	and that death occurred on the dote stated above, atm. The CAUSE OF DEATH * was as follows:
	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
100	9 BIRTHPLACE (State or country) 10 NAME OF FATHER	Contributory Secondary (Duration) yrs
	II BIRTHPLACE OF FATHER (State or country) II MAIDEN NAME	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	OF MOTHER WAS WITHOUT AS 13 BIRTHPLACE OF MOTHER (State or Country) Petrophus W, Va	ients or Recent Residents) At place of death
	(Informant) My Calyana Meyer (Address) MA Parage MA	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL AND
	Filed Leb 1 1938 He Stattum S. Registrar If more banks are needed, address State Registrar	20 UNDERTAKER ADBRESS ADBRESS M. May M. Tr., 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—con mine, even wounden at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

2

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(Recommendations on statement of cause of death American Medical Association. approved by Committee on Nomenclature of the or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles, (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-(secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. The contributory affection need valvular Always qualify all heart disease;

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STATE OF MARYLAND	CERTIFICATE OF DEATH 01320 ·
1. PLACE OF DEATH	90
County allegane WITHIN CORPORATE LI	MITU Registration Dist. No.
William and the state of the st	6 4 //
(1)	death occurred in a hospita or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME Barbara & Comer	non.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If merried, widowed, or divoged	(Month) (Day) (Yeer)
HUSBAND of (or) Wife of	22. HEREBY CERTIFY, That I attended deceased from
J. C. merson	1-28-103310 2-15-133
6. DATE OF BIRTH (month, day, end year) back - 1862	I last saw h e alive on 2 - 13 793; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, Afthework	Herenalman Mu-
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
Date deceased last worked at	Voterio Sclano Rupa
this occupation (month and spent in this occupation occupation	
0. 0 .	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) May and (State or country)	
I	Ta
4 I4. BIRTHPLACE (city or town) (State or country)	Name of operation
# 15. MAIDEN NAME Elozabeth Makuny	What test confirmed diagnosis? Was there an autopsy? PLO
	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) State or country)	Accident, suicide, or homicide? Date of injury, 19
4 -11 8	Where did Injury occur? (Specify city or town, county and State)
(Address) Compelland Med	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Pose Hill Date Get 14 , 1933	Nature of Injury
A T	
19. UNDERTAKER Common Shirm to say	24. Was disease or injury In any way releted to occupation of eccased?
Chile Coll Sch	(Signed) The Juliana
20. FILED LA 1933 Starrely ON Vileas Registrat.	(Address)
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- II	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		DEALBORN	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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kample II	
eath and related causes llows:	Date of onset
	1 week aga
	1 week ago
	3 days ago
s of importance:	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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MARGIN

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	.1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

		STATE	OF MAR	LY LAND	CERTIFICATE OF DEATH	23
1	L. PLACE OF	DEATH		Otto I a	107-10	
	County	Allegany		City Limi	Registration Dist. No.	
		y Cumberlan			No. Rout 3 St., If death occurred in a hospital or institution, give its NAME instead of street and number	_Ward
	Length of resid	ence in city or town where	death occurred	yrsmos	osds. How long in U.S. if of foreign birth?yrsmos	ds.
:	2. FULL NAN	ne Herman	. G.Fra	ntz	0 1 12	0
	(a) Residenc	e: No	(Usual place	e of abode)	St., Ward. If nonresident give city or lown and State	o
	PERSON	AL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
	sex ale	4. COLOR OR RACE White		RRIED, WIDOWED,	21. DATE OF DEATH February 23 (Month) (Day) (Day)	(3 Year)
5a.	If married, widowe HUSBANO of (or) WIFE of	d, or divorced			22. HEREBY CERTIFY, That I attended decease Jehnsey 191033 . Feb 23	ed from
e	DATE OF BIRTH (nonth, day, and year)	ct 23.	1932	I last saw h im alive on Feb. 2 7 1933; deat	th is said
_	AGE Year	monent, day, and your,	Days	If LESS than	to have occurred on the date stated above, at & P. m.	
		4		1 day,hrs. ormin.		ofonest
NOI	8. Trade, profess kind of we SAWYER.	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc			Bronchiel preumona 1	933
OCCUPATION	9. Industry or b work was SAW MILL	usiness in which done, as SILK MILL, , BANK, etc				
OCC	10. Date deceased this occup		11. Total	time (years) ent in this cupation		
12	. BIRTHPLACE (cit)		Md		Other Contributory Causes of importance:	
	(State or count	-				
1ER	13. NAME	Herman. Fra	antz			
FATHER	14. BIRTHPLACE (State or		Md		Name of operation Date of What test confirmed diagnosis Physical Company Was there an autops	No
ER	15. MAIDEN NAM	Vergina.	. Petty		23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE	(city or town)	, and the same of	/d	Accident, suicide, or homicide? Date of injury, Where did injury occur?	19
17	. INFORMANT (Address)		n. Frant Land. Mc		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18	BURIAL, CREMATI	on, or removal theran•	Oate Fel	o. 24.193	Manner of injury	
19	. UNDERTAKER(Address)	John C. Wolf		1	24. Was disease or injury in any way related to occupation of deceased? NO	
20	. FILEBLED.	23, 1933 X	Varing	Alles Registrar.	(Signed) Less Hood get (Address) Ceumberland, Inca	/M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	STATE OF THE PARTY	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

ADDITIONAL SPACE FOR FURTH	R STATEMENTS BY PHYSICIAN
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	MARYLAND-	CERTIFICATE OF DEATH.	324
1. PLACE OF DEATH		(59)	/
County ALLEGANY	-WITHIN-CORPOR	ATE LIMITS Registration Dist. No.	
Village or City CUMBERLAND	(1)	No. MEMORIAL HOSPITAL St., 6— f death occurred in a horpital or institution, give its NAME instead of street and no	Ward
Length of residence in city or town where death or		ds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Infant	Thuman		
	W VA.	St., Ward.	
(a) Residence. NoE_ALACEPING ISLA-9-	WaVA. Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
FEMALE 4. COLOR OR RACE 5. SI	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word) SINGLE	21. DATE OF DEATH February 15, (Month) (Day)	193_3
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. 21 HEREBY CERTIFY. That I attended d	leceesed from
6. DATE OF BIRTH (month, day, and yeer) FEBR	UARY 15. 1933	- 1 5	: death is seid
7. AGE Years Months	Deys If LESS than	to have occurred on the date steted above, at 11:30R.M.	
	1 day, 7hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows.	-
8. Trade, profession, or particular kind of work done, es SPINNER,	10.20-11111	Prematurity.	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc			
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. O. Date deceased last worked at this occupation (month end		/	
SAW MILL, BANK, etc	11. Total time (years)	-	
this occupation (month end year)	spant in this		
12 RIPTUPI ACE (city or town) MARYL AN	-	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) WATTLIAM (State or country)	2		
II 13. NAME Unknown			
14. BIRTHPLACE (city or town)	/	Name of operation Date of	1
(State or country)		What test confirmed diagnosis? Was there en a	u'opsy?
# 15. MAIDEN NAME EULA FREEM	AN	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
16. BIRTHPLACE (city or town) WEST V.	IRGINIA	Accident, suicide, or homicide? Date of injury Where did Injury occur?	, 19
MANAGE AT HOOD	Tmat	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	cF
17. INFORMANT MEMORIAL HOSP (Address) CUMBERLAN	BMA 7 FWD.	appears whether injury occurred in industri, in nome, or an ober 122	
18 PUDIAL, CREMATION, OR REMOVAL	7/	Menner of injury	
Place Memorial flogatel Dat	te fet 16 1933	Nature of injury	
19. UNDERTAKER MESMATERIAL (Address)	Respetat	24. Was disease or injury in any way related to occupation of deceased?	
- ma (X a	of h	(Signed) Janight Kaynols	M. D
20. FILED 22 1993	Registrar.	(Address) 122 & Centre.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	diament and a second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH

01325

1. PLACE OF DEATH	SWITHIN COL	RPORATE LIMITS (49)
County Allegan	w	Registration Dist. No.
Village or City	Dand	ND 509 Md live # 5 Wa
Timege of only	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death or	curredyrsmos	ds. How long in U. S. if of foreign birth?yrsmos
2. FULL NAME Mary	6. Fun	low
(a) Residence: Np. 509/m	2 8	St. 5 Ward.
	Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	NGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Land Solt a	DIVORCED (write the word)	Jell 4 11 1933.
5a. If married, widowed, or divorced	marchae	(Month) (Day) (Year)
HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, That I ettended deceased fr
(31)		Jan 1991, 10 Jel 11 , 193
DATE OF BIRTH (month, day, and year)	14.1880	Hast Saw h. 2 alive on Jelf 11 , 1933; death is s
AGE Years Months	Days If LESS than	to have occurred on the date stated above, at1_lQ:_m.
48	2 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	7 (OF	Date of ons
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	2) Home	Carcinoma of transciol 3
9. Industry or business in which		
work was done, as SILK MILL, SAW MILL, BANK, etc.		
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	nytand	
1 0	100	-
13. NAME	Yull	1
14. BIRTHPLACE (city or town)	(d)	Name of operation hap and of afrecome Date of June 19
(Otate of country)	08/	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (Amaa)	Houch)	23. If death was due to external causes (VIDLENCE) fill In also the following:
15. MAIDEN NAME (State or country)	2	Accident, suicide, or homicide? Date of injury, 19
(State or country)	nd	Where did Injury occur?
17. INFORMANT Engene Fu	elow-	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Charleerland	2 mg	
18. BURIAL, CREMATION, OR REMOVAL Bace IT Retery Paul Come Dat	Feb 14 - 1933	Manner of injury
OA.	- 9	0 0 10
19. UNDERTAKER	e fre	24. Was disease of injury in any way ented to occupation of deceased.
(Address)	nd ond	If so, specify hyple 1). We want
20. FILED Ch 13 , 1933 Naku	en Mess	(Signed) M
	Registrar.	(Address) 36 Where I

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Arteriosclerosis			-
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 7 1882			
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County allegany WITHIN CORPO	DRATE LIMITS Registration Dist. No.
Village or City Princhesland	No. Allegan Ver 18 St., 4 Ward death occurred in a horpitation institution, give its NAME instead of street and number)
2. FULL NAME Freeman Follarlite	
(a) Residence: No. Avilton MA! (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Feb. (Day) (Year)
5a. If married, widowed, or divorced	(monen) (bay) (rear)
HUSBAND of Cannal	22. HEREBY CERTIFY, That I attended deceased from
	Jan 11 33, to 2 et 8 ,1933
6. DATE OF BIRTH (month, day, and year) Jam 11 m 1884	I list saw h alive on # 8, 1933 ; death is said
7. AGE Years Month(s Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at/Dm. The PRINCIPAL CARISE OF DEATH and related causes of importence
49 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc.	Sangrene 7 Danie 1-15-37
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	V
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) And (State or country)	Pulmuria Browsho. 1-1-33
13. NAME Grah Larlite	The same of the sa
13. NAME Grah Karlik 14. BIRTHPLACE (city or town) Indi (State or country)	Name of operation / how cotto me Date of 1-27:33 What test confirmed diagnosis? The was there an europsy?
	What test confirmed diagnosis? The Was there an eutopsy? 123. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
E (State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT There Freeman Harry (Address) and Free Mig.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Md Dete Tel. 10, 1933	Manner of injury
19. UNDERTAKER M. M. Marterles (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILE Heb 1 , 19.3 3 Chaluny of Wees Registrar.	(Signed) of Charmen M. D. (Address) Comband of A.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 wear

1 DIACE OF DEATH	-CERTIFICATE OF DEATH 01327
County Cling any	ORATE LIMITS OF Registration Dist. No.
Village or City Two hay	No. St. Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Mary Magnin Gentle	os/ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. EEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Science	21. DATE OF DEATH Lessang & 193 9 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. THEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb 2, 1933	Hast saw her alive on 7 th 2 1933 death is said
7. AGE Years Months Days If LESS than 1 day, RQ_hrs ormin,	The FRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) this occupation (month and	Congenital Hart Risease 7d2, 1933
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Thilman (State or country) alle any Co.	Other Contributary Causes of importance:
13. NAME Flore Grang 14. BIRTHPLACE (city or town) 15. State or country) 16. State or country)	Name of operation
15. MAIDEN NAME alice Kennedy	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Alie Remody 16. BIRTHPLACE (city or town) Loweroung (State or country) and	Accident, suicide, or homicide?
17. INFORMANT Mus alree Lary (mother) (Address)	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 7.1.5	Manner of injury
Place Troubling Date Feb 3 ,19 13	Nature of injury
19. UNDERTAKER Leonge George Galha (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3/3 , 19)8 Q.R. Harlen Registrar.	(Signed) Clo Stiles A. M. D. (Address Fronkling, Mc.)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(If death occurred in a hospital or institu-tion, give its NAME in-

stead of street and

DATE OF BURIAL

number.)

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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Every

Filed

BINDI

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health. tired 6 yrs). state occupation at beginning cfillness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more proceed mine, etc. laborer. Furm laborer, Laborer—Coul mine, etc. Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, c. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Cure should be taken household only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, report specifically the occupations of Foreman, (b) For many occupations a single word or term on without more precise specification as Day Compositor, For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material Architect, Locomotive engineer, (6) persons The ques-Grocery;

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Wcakness," etc., whon a definite disease stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcomu,, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anacmia" (merely symptom-American Medical Association.) approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway truinor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronicetc. valvular heart Nomenclature The contributory disease; death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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- 9.—The industry or business in which the work was done.
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E	Example I	And and an artist of the second	Example II	
The principal cause of dea of importance were as foll		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAR 7 1933	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	EURELU V.	July 5,1927	Peritonitis	3 days ago
	100 3 4 6 11 11 11 11			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state NENT RECORD. Every item of inforet statement of OCCUPA. CAUSE OF DEATH in terms, so that it may be properly classified. FOR BINDING -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PER MARGIN RESERVED V. S. No. ż

Length of residence in city or town where death occurred yes. Amos ds. How long in U. S. Hor foreign birth? 2. FULL NAME (a) Residence: ND. (Jusal place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, OR DIVORCED (which the word) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 1 LESS than the date stated above, at a stated above	STATE OF MARYLAND	CERTIFICATE OF DEATH (11330)
Village Dr City Length of residence in city or town where death occurred 1. yrs. 6. mos of the hospital or institution, eve is NAME instead of street and number) 2. FULL NAME (a) Residence: ND. Chustiplace of abodo PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, THE WOOD PROVIDED Control of the world of the control of th	1. PLACE OF DEATH	ORPORATE LIMITO (PD)
Langth of residence in city or fown where death occurred 1. yrs. Dono. de Howling in U. Hi of foreign birth? yrs mos d 2. FULL NAME (a) Residence: No	County Cellegony	Registration Dist. No.
2. FULL NAME (a) Residence: No. 3 (b) Residence: No. 3 (c) Residence: No. 3 (d) Residence: New Andrew No. 3 (d) Residence: No. 3 (d) Residence: No. 3 (d) Residence: New Andrew No. 3 (d) Residence: No. 3 (d) Residence: New Andrew No. 3 (d) Residence: New		
(a) Residence: No. (Just place of shode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE MARNED, WIDOWED, O'CHOT O'	Length of residence In city or town where death occurredyrs,b_mo	sds. How long in U.S. If of foreign birth?yrsmosds
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PERSONAL AND STATISTICAL PARTICULARS 9. SEX 14. COLOR OR RACE S. SINGLE MARKED, WINDOWED, ORD DIVORCED (curit the world) 15. If married, widowed, or divorced HUSSAND of Organists of HUSSAND of Organists of HUSSAND of SAWYER, BOOKKEPER, etc. SA	(a) Residence: Np. 3/2 Park &	4. 5 Ward.
3. SEX 4. COLOR OR RACE OR DIVORCED (wante ine word) So. If married, widowed, or divorced HUSSAND OI GOLDANIE OF BIRTH (month, day, and year) T. AGE Years Months Days II LESS than 1. day, hrs. or. min. 8. Trace, protestion, or particular SAWYER, BOOKKEPPE, etc. SAWYE		
Sa. If married, widowed, or divorced HUSBAID (Month) (Day) (Year) 5. If married, widowed, or divorced HUSBAID (Month) (Day) (Year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days It LESS than I day		
HERERY CERTIFY That I attended deseased from the date stated above, at. 1932 death is sa to have occurred on the date stated a		Jer 13th., 193 3
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,hrs. ormin. 8. Trade, profession, or particular kind of work dome as SPINING Let and Short was done to extend causes of importance Short was done as short was done to extend causes of importance .	HUSBAND of O O O O	22 A HERENY CERTIFY. That Lattended deseased from
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7. AGE Years Months Ag Years Months Ag Years Name Savere, Bookketper, etc. Savere, Batter, Bookketper, etc. Savere, Bookketper, etc. Savere, Batter, Bookketper, etc. Savere, Batter, Batter, Bookketper, Batter, Bookketper, Batter, Bookketper, Batter, Bookketper, Batter, Bookketper, Batter, Bookketper, Batter, Batter, Bookketper, Batter, Batte	6. DATE OF BIRTH (month, day, and year) Paril 29-1893	I last saw h im alive on Jel 13 L. 1933; death is sa
8. Trade, profession, or particular kind of work done, as SPINNE Letail Stone Manager SANYER, BOOKKEPER, etc. Letail Stone Manager SANYER, Bookkeper SANYER, BOOKKEPER, etc. Letail Stone Manager SANYER, Bookkeper SANYER, BOOKKEPER, etc. Letail Stone Manager SANYER, Bookkeper SANYER, Bookkeper SANYER, BOOKKEPER, etc. Letail Stone Manager SANYER, Bookkeper SANYER,	7. AGE Years Months Days If LESS than	
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12. BIRTHPLACE (city or town) (State or country) 23	9. Industry or business in which work was done, as SILK MILL,	
12. BIRTHPLACE (city or town) (State or country) 23	O 10. Date deceased last worked at 11. Total time (years)	
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What test confirmed diagnosis? Was there an autopsy? Let the test confirmed diagnosis? Was the test confirmed diagnosis. Was the test confirmed diagnosis. Was the test confirmed diagnosis. Was the test conf	I 13. NAME Henry Greenwald	
What test confirmed diagnosis? Was there an autopsy? Let the test confirmed diagnosis? Was the test confirmed diagnosis? Under the test confirmed diagnosis? Was the test confirmed diagnosis. W	14. BIRTHPLACE (city or town)	Name of operation Date of
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17. INFORMANT W	6 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT M	(State or/country)	Where did injury occur?
Place Coveland Glio Date 126 /6., 19.33 Nature of injury 19. UNDERTAKER Towns Stair Training Training The Company of the Comp		Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
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(Address) 2D. FILED Cell / T. 19.33 Marwell New (Signed) Aucust M. (Signed)	Place Coveland Olun Date Tel 16, 1933	Nature of injury
20. FILED CONT. 19.22 CHARDLEY VICE		
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MAP 7 1933			
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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BINDING

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		CSVIBS	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH County Clip Advanced in Section 1. No. 6. Now long in U. S. I. Martin Counted in a benefit of the state	STATE OF	MARYLAND.	-CERTIFICATE OF DEATH (1)	332
Village Dr City Ward Ward Ward A Color or React A Color or React S. I. Ward S. I. Ward If heath occurred in a hospital or incitations, give in NAME instead of arcet and number) A Residence: noting or from whate death occurred. (a) Residence: No. (b) A Residence: No. (c) A Residence: No. (a) Residence: No. (b) A Residence: No. (c) A Residence: No. (c) A Residence: No. (d) Residence: No.	1. PLACE OF DEATH		@	
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PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED Comit the Word) Sa. II married, widowed, or divorced (Womit) Sa. II married, widowed, or divorced (Or) WHEF Comit Try, That I attended deceased from the Word) Sa. II married, widowed, or divorced (Or) WHEF Comit Try, That I attended deceased from the Word) Sa. Trade, profession, or particular ACE Years Months Days II LESS than 1 day	(a) Residence: Np.	(Usual place of abode)		State
OR DIVORCED (write the world) Sa. If married, widowed, or divorced (Nonth) (Day) (Year) 10 ATE OF BIRTH (month, day, and year) F. DATE OF BIRTH (month, day, and year) S. Trade, profession, or particular hind of work done, as SPINNER, Shorter B. Date of min. S. Trade, profession, or particular hind of work done, as SPINNER, Shorter B. Date of min. S. Trade, profession, or particular hind of work done, as SPINNER, Shorter B. Date of min. S. Trade, profession, or particular hind of work done, as SPINNER, Shorter B. Date of min. S. Trade, profession, or particular hind of work done, as SPINNER, Shorter B. Date of min. S. Trade, profession, or particular hind of work done, as SPINNER, Shorter B. Date of min. S. Trade, profession, or particular hind of work done, as SPINNER, Shorter B. Date of min. S. Trade, profession, or particular hind of work done, as SPINNER, Shorter B. Date of min. S. Trade, profession, or particular hind to work done, as SPINNER, Shorter B. Date of min. S. Trade, profession, or particular hind to work done, as SPINNER, Shorter B. Date of min. S. Trade, profession, or particular hind to work done, as SPINNER, Shorter B. Date of min. S. Trade, profession, or particular hind to work done, as SPINNER, Shorter B. Date of min. S. Trade, profession, or particular hind to work done, as SPINNER, Shorter B. Date of min. S. Trade, profession, or particular hind to work done, as SPINNER, Shorter B. Date of min. S. Trade, profession, or particular hind to deceased from the particular hind to work done, as SPINNER, Shorter B. Date of min. S. Trade, profession, or particular hind to deceased from the particular hind to deceased from the particular hind to work done, as SPINNER, Shorter B. Date of min. S. Trade, profession, or particular hind to deceased from the particular hind to work done as SPINNER, Shorter B. Date of min. S. J. Harthe L.	PERSONAL AND STATISTICA			
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,	male White is	SINGLE, MARRIED, WIDOWED, DR DIVORCED (write the word)	Let.	, 193 <u>3</u> (Year)
To AGE Years Months Days If LESS than 1 day	HUSBAND of		22. Jel HEREBY CERTIFY, That I attended	
7. AGE Years Months Days If LESS than Iday	6. DATE OF BIRTH (month, day, and year) Field	17. 1933	I last saw h. 1 m affire on Born Dead 7 18 33	; death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9-Industry or business in which work was done, as SILK MILL, SAWYER, BDDKKEPER, etc. 9-Industry or business in which work was done, as SILK MILL, SAWYER, BDDKKEPER, etc. 9-Industry or business in which work was done, as SILK MILL, SAWYER, BDDKKEPER, etc. 9-Industry or business in which work was done, as SILK MILL, SAWYER, BDDKKEPER, etc. 9-Industry or business in which work was done, as SILK MILL, SAWYER, BDDKKEPER, etc. 9-Industry or business in which work was done, as SILK MILL, SAWYER, BDDKKEPER, etc. 9-Industry or business in which work was done, as SILK MILL, State or country) 12. BIRTHPLACE (city or town) was allowed as the state of importance: 13. AMME				
S. Trade, profession, or particular in the profession of particular in the	None	1 ., -	THE PRINCIPAL CAUSE OF DEATH and related causes of importance	Date of enset
Description What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Description occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury Nature of in	8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BDDKKEEPER, etc.		Werine AsphixiA	2/14/35
Dither Contributory Canses of importance: 12. BIRTHPLACE (city or town) Authors 13. NAME 14. BIRTHPLACE (city or town) Characteristics 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Characteristics 16. BIRTHPLACE (city or town) Characteristics 17. INFORMANT Styne a. Hamilton 18. BURIAL CREMATION, OR REMOVAL Place Lyper M. J. Date Hel. 1933 19. UNDERTAKER And B. Section 1. Date M. J. Section 1. Specify (Signed) 20. FILED Store, 1933 Organism 1. Registrar. Dither Contributory Canses of importance: Proforge of Jac Gov. Proforge of Importance: Proforge of Importance: Proforge of Importance: Proforge of Jac Gov. Proforge of Importance: Proforge of Importance: Proforge of Importance: Proforge of Jac Gov. Proforge of Importance: Proforge of Importance: Proforge of Jac Gov. Proforge of Jac Gov. Proforge of Importance: Proforge of Jac Gov. Proforge of Importance: Pr	Industry or business in which work was done, as SILK MILL.			
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13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL CREMATION, OR REMOVAL 18. BURIAL CREMATION, OR REMOVAL 19. UNDERTAKER (Address) 19	n/-1. /	-	Dther Contributory Canses of importance:	
13. NAME 14. BIRTHPLACE (city or town) Chambers 14. BIRTHPLACE (city or town) Chambers 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFDRMANT 18. BURIAL CREMATION, OR REMOVAL 18. BURIAL CREMATION, OR REMOVAL 18. BURIAL CREMATION, OR REMOVAL 19. UNDERTAKER 19		land:	7. / / P /	2/-7-
State of country Sharper Sharper What test confirmed diagnosis? Was there an autopsy?	The state of the s	Va Otan	Trojanged dabor	411/2
State of country Sharper Sharper What test confirmed diagnosis? Was there an autopsy?	HI CO	best	Name of according	
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Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Legaes. W. Ja'. Date Feel. 1, 1833 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? (Signed) (Signed) (Address) M. D. (Address) Address) Address M. D. (Address) (Address) Address (Address) (Address) (Address) (Address) (Address) (Address)	15. MAIDEN NAME	luger Stee H		
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Place Ceyses. W. Ja' Date Feel'. 1833 19. UNDERTAKER Sarch Book (Address) Battan, Mad' 20. FILED FILED FILED FROM Registrar. Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Signed) For the part of t	3/ 1- 11/1	milton	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	ACE.
19. UNDERTAKER Sarch Brack (Address) 20. FILED	18. BURIAL, CREMATION, OR REMOVAL	M. Q 10 3	Manner of injury	
20. FILED FLICT, 1923 Office (Address) Registrar. If so, specify Berry M. D. (Address) Fiehmon X W Ua	Place-leggers. W. La' Di	ate Tech., 195.	2. Nature of injury	
(Address) Barton, Md' If so, specify Berry M. D. 20. FILED. FILED. F. (Signed) Registrar. (Address) Fiehmon X W. Ua.	19. UNDERTAKER Darid S	soal'	24. Was disease or injury in any way related to occupation of deceased?	74
20. FILED. Q. FILED. Q. I. C. Address) fie Amony W. U. U.		ma.	If so, specify	
	20. FILED Jeb. 17, 1933 0130	zentahu		M. D.
				, Va

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E	xample I	il il	Example II	
The principal cause of dea of importance were as foll	ath and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1000	1921	Run over by street ear	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	BURGLAU V. S			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

(Address) _. Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. (Year)

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 7 1935			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

'x supplied. AGE should be stated EXACTLY PHYSICIANS should state ANENT RECORD. Every item of inforact statement of OCCUPAain terms, so that it may be properly classified. See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PE. mation should be carefully supplied. AGE should be stated E. CAUSE OF DEATH in ain terms, so that it may be properly of TION is very important.

V. S. No. 1

County_C	allegano	•	WITHIN CO	RPORATE LIMITS	Registration	Dist. No.	4
Village or (7	bulo		No. 2316 f death occurred in hospital or institu			d number)
2. FULL NA (a) Residen		7 N	Centra	sds. How long in U.S. if o		yrsyrs.	
PERSON	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL C	ERTIFICATI	E OF DEATH	
male	4. COLOR OF RACE		RIED, WIDOWED, D (rurite the word)	21. DATE OF DEATH	2 - (Month)	5 -	, 193
HUSBAND of (or) WIFE of	wed, or diverced	J		22. /) HEREBY		(Day) Y, That I attende	ed deceased fr
DATE OF RIPTH	(month, day, and year)	lee5	1834	I last saw h	23	193	2 : death is s
	ars Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date state The PRINCIPAL CAUSE OF DEA' were as follows:		m,	
8. Trade, profe kind of SAWYER 9. Industry or	business in which business in which business in which as done, as SILK MILL,			anterio	Delen	22	Date of on
SAW MI 10. Date decea	LL, BANK, etcsed last worked at upation (month and	sper	ime (years) nt in this upation				•
2. BIRTHPLACE (c (State or cou		nna		Other Contributory Causes of Imp	Mys.	cartal	
13. NAME	Thomas	Hayu	rood		7		
(State o	E (city or town)	Len	na	Name of operation	Fran	Date of.	
15. MAIDEN N	AME Chusa	n) kan	uson	23. If death was due to external ca	uses (VIOLENCE) (fill in also the follow	ing:
	E (city or town)	tem	ra	Accident, suicide, or homicide? Where did Injury occur?			·
7. INFORMANT((Address)	Robt Ken	of		Specify whether injury occurred 1	(Specify eity o n INDUSTRY, in H	or town, county and S OME, or in PUBLIC F	tate) PLACE,
Place	Le Cesale	Date Fleb	½ ,19 <i>53</i>	Manner of injury			
), UNDERTAKER (Adduss)	ging Sta	in la	nd	24. Was disease or Injury in any v	ay related to occur	pation of deceased?	no
16.11	6 ,1933 8	. 0>	Ell 2.	(Signed) Thus-	J. D	X Ille	and

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Example I	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis PE C N P	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage MAP 7 1009	July 5,1927	Peritonitis	3 days ago		
BURRANTY					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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See instructions on back of certificate.

TION is very importan

of OCCUPA-

STATE OF	MARYL	AND-CEF	RTIFICATE	OF	DEATH
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0	1	2	0	Bor	
U	I	U	U	1)	

1. PLACE OF DEATH County Allegany			Registration Dist. No.			6.	
County			3		Registration D		
Village or City	Cresapt	own. Mo	<u>a</u>	NoNof death occurred in a hospital or insti	tution, give its NAME.	instead of street and	Ward
Length of residence in	city or town where de	ath occurred		sds. How long in U.S. if			
2. FULL NAME	Merner	va. Hir	rshburger			4.	
	Cresapt			St. Ward.			
(a) Residence. No	- or egaba	(Usual place	of abode)	SL, waid.	If nonresident g	ive city or town and	State
PERSONAL A	ND STATISTIC	CAL PART	ICULARS	MEDICAL (CERTIFICATE	OF DEATH	
			RRIED, WIOOWED,	21. DATE OF DEATH	Feb.	10.1933	
F'emale	White	OK DINNIC	Sporprise the word)		(Month)	(0ev)	, 193 (Year)
5a. If married, widowed, or, d	ivorced	akhuna	272				The state of the s
(or) WIFE of	LIZA. BIII	arrant.Re	SI.	22. LHEREB	YCERTIFY		deceased from
		A 33 00 3	3.1847	/	, 1933, to 8		19.5
6. DATE OF BIRTH (month,	1		1) Pm	_; death is said
7. AGE Years	Months	Deys	If LESS than 1 day,hrs.	to have occurred on the date sta			
			ormin.	were as follows:	All the second		Date of onset
8. Trade, profession, or kind of work do	r particular ne, as SPINNER, (EEPER, etc	At Hor	ne	Denter	i Cu	a	Fel
kind of work do SAWYER, BOOK! 9, Industry or busines work was done, SAW MILL, BAN							8
work was done,	as SILK MILL,						33
10. Date deceased last	worked at	11. Total	time (years)				-
O this occupation (month and	spe	ent in this upation				-
12. BIRTHPLACE (city or tov			Md	Other Contributory Causes of im	portance:	Hil	
(State or country)							
13. NAME	acob. Sh	ook.			*****		
13. NAME 14. BIRTHPLACE (city o		Pa		Name of operation Just	refund	Data of	-
14. BIRTHPLACE (city o				Whet test confirmed diagnosis?	You	Wes there an	aulanus Zel
15. MAIDEN NAME	Suson.Sh	noemake	er	23. If death was due to external co			
15. MAIDEN NAME 16. BIRTHPLACE (city of			Pa	Accident, suicide, or homicide?			
/ State of countr	y)			Where did injury occur?	hours, C		
Leo. McKinzey				Specify whether injury occurred	(Specify city or to	own, county and Sta	le)
17. INFORMANT	resaptown	n. Md		In house f	el don	or ste	
18. BURIAL, CREMATION, OR REMOVAL			Manner of injury Free	dans d	tel 1		
Place Franki	ord Wva	Date Fel	0.12.1933	Nature of injury Tract	com of -	Hil.	
Jo	hn.C.Wold	ford		24. Was disease or injury in any	way related to occurs	tion of deceased?	Un
	umberland			If so, specify	may related to occupa	or deceased:	-< MV
11	23 m	19/1/	unet,	(Signed)	/has.1	of Road	A M D
20. FILED	., 19.0 - ///	ve v au	Registrar	(Address)	week-sta	we had	on a second

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1915 Attack of epilepsy 1 week ago Arteriosclerosis Chronic interstitial nephritis 1921 Run over by street car 1 week ago Julu5.1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1.1923 1 year

V. S. No. 1

should state

1	. PLACE OF E	DEATH	1 1/1/ (1 (184-ab Dr Koon	1336
	County Village or City	Allegany Cumberla		ITHIN CORP	ORATE LIMITS Registration Dist. No. 28 Marion. St. 3	Ward
	Length of residence	Malanata		yrs,mos	f death occurred in a hospital or institution, give its NAME instead of street and n sds. How long In U.S. if of foreign birth?yrsmo	umber)
2	2. FULL NAME	7	n. norr	. щан•		
	(a) Residence:		(Usual place	of abode)	St., 5 Ward. If nonresident give city or town and it	State
_		AND STATISTI			MEDICAL CERTIFICATE OF DEATH	
3.	Male 4.	White		RIED, WIDOWED.	21. DATE OF DEATH Feb. 15th.1933	193
5a.	If merried, widowed, of HUSBAND of (or) WIFE of	Annie. Ho	ffman		22. I HEREBY CERTIFY, That I attended of	
6.	DATE OF BIRTH (mon	th, day, and year) Ju	ne.22.1	.845	Hast saw have elive on Feb 15 1933	, 19 <i>D.3</i> ; death is said
7.	AGE Years 87	Months 7	Days 25	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, et 10 • Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	
NOI	8. Trade, profession kind of work SAWYER, BOO	8. Trade, profession, or particular kind of work done, as SPINNER, Retired SAWYER, BOOKKEEPER, etc.			Tota Turner	Date of onset Fish 14-33
OCCUPATION	9. Industry or busin			***************************************		
Ö	10. Date deceased last worked at this occupation (month and year)					
12.	BIRTHPLACE (city or (State or country)		Md	L	Other Contributory Causes of importance: The first full and I conclusion	7-6.12
2	13. NAME	Boyd Hoffm	an.		of Maria	1920
FATHER	14. BIRTHPLACE (cit	y or town)	Md		Name of peration	300
2	15. MAIDEN NAME	Sofa.	Neff		What test confirmed diagnosis? Was there en er	
MOTHER	16. BIRTHPLACE (city	y or town)	Md		23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? Atract Curricular fund	
William. Hoffman. (Address) Cumberland. Md				īđ	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	CE. Chito.
18. BURIAL, CREMATION, OR REMOVAL Place Independence Date Feb. 18. 1933				.18.1933	Manner of injury Sled (and along struck & Nature of injury Front of R. Ahoulet There	war for
19	19. UNDERTAKER John . C. Wolford (Address) Cumberland . Md				24. Was disease or injury In any way related to occupation of deceased?	no '
20.	FILED Cela!	7,19.3.3.06	arney.	Registrar.	(Signed) (Address) Green Tuent Tuent Tuent.	M. D.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4 - C- C	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	E	国	N.	te.
	L P	pa	erl	aca
	53	tat	rop	rtif
	SI	52	D	ce
	H	be	þe	of
	T	plu	lay	ack
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	NG	AG	th	ons
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	M	efu	in.	ant
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7,0	A	P	DE	V
Total Control	P	nou)F	ver
	E	S	E	is
	RI	ion	ns	Z
	M-	mat	CAUSE OF DEATH-in in terms, so that it may be properly c	TION is very important. See instructions on back of certificate.
	N. BWRITE PAALY, WITH UNFADING INK-THIS IS A PER	-		
	1.			
	4			

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01337
1. PLACE OF DEATH County allegans	City Limits Registration Dist. No.
Village or City 4 miles Exast of burnkeland	
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
00. 11	ds. How long in U.S. If of foreign birth?yrsmosds.
(a) Residence: No. Marielland and	St. 5 Ward.
(d) Residence. No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBANO OF (OF) WIFE OF Calle Mise	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) about 1886	I last saw h alive on, 19; death is said
7. AGE Years Months Oays If LESS than 1 day	to have occurred on the date stated above, at #m,
44 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	8 10 1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	o place of 1
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Nynamue
11. Total time (years) this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Pa	
13. NAME	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Oate of
(State of Country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Auscide. Date of injury 24.11., 19.3.2.
(State of Education)	Where did injury occur? J. Miles Card of Commercial had (Specify city or town, county and State)
17. INFORMANY (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hillment Campate Sket 24, 1933	Manner of injury Bleve houself up by Dynamics Nature of injury left 2 the x that & Blancon all
19. UNDERTAKER aris String Jane	24. Was disease or injury in any way related to occupation of deceased?
(Address) femberlesned myol	(Signed) arruer Ceal for a
20. FILEO LA 7, 1933 Millely V. Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I]	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBATIVE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	1. PLACE OF DEATH County Cleaning	82-10
	County Allegans	
	Village or City Landaconting	No.
	Length of residence in city or town where death occurred	death occurred in a hospital or insti
	2. FULL NAME Isabella 7. Le	Ser
	(a) Residence: No. Amaconna Plant	St. Ward.
H	(Usual place of shode)	
	PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR RACE 5. SINCLE MARRIED WIDOWED	MEDICAL (
	Female 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
	ia. If married, widowed, or divorced HUSBAND of (or) WIFE of Action of Control of Contro	22. I HEREB
	6. DATE OF BIRTH (month, day, and year) Warrie 18 18 50	I fast saw h alive on
	7. AGE Years Months Days II LESS than	to have occurred on the date sta
	82 10 8 1 day,Lhrs. ormin.	The PRINCIPAL CAUSE OF DEA
	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Cerebral,
	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration was supported by the second state of	5
	10. Date deceased last worked at this occupation (month and 1923 spent in this byear) occupation 60 yrs	
1:	2. BIRTHPLACE (city or town) Scotland	Other Contributory Causes of im
_	(State or country)	a land
HER	13. NAME John Skingfram	Bedfash for S
FAT	(State or country)	Name of operation
-	(Otate of Country)	What test confirmed diagnosis?_
	The state of the leave ,	23. If death was due to external co
200	16. BIRTHPLACE (city or town) Scuttand	Accident, suicide, or homicide?
	17. INFORMANT Pray Grang Brannen.	Where did injury occur? Specify whether injury occurred
	(Address) Longiconing And.	
	18. BURIAL, CREMATION, OR REMOVAL Place AR 1 19 33	Manner of injury
-	Place Carelle Janelle Fill and 1933	Nature of injury
	19. UNDERTAKER / 12. Gichham (Address)	24. Was disease or injury in any
-	71/2 18 32 5 De 18 6445	If so, specify
	20. FILED TOUT PU , 193 A. OPU Vay WILL	(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH 01338

		Registration	Dist. No. O	
ND. Il death occurred i	n a hospital or institut How fong in U.S. if of	tion, give its NAM f forelgn birth?	St.,_ 1E instead of street an yrsyrs.	Ward d number)
f St.	Ward.	If nonresiden	t give city or town a	nd State
P	MEDICAL CI	ERTIFICAT	E OF DEATH	
21. DATE	OF DEATH	0	1/	
		(Month)	(Day)	, 193 <u>3</u> (Year)
I fast saw h.=		1927, to	1 . 4	d deceased from, 19 33 ; death is said
The PRINCIP	AL CAUSE OF DEAT		ses of importance	
were as follow	WS:	, , ,		Date of onset
Cer	chrol of	femos	hosp	1/24/33
Dither Contrib ATTA	utory Causes of important Suffer	rtance:		771
Name of opera	tion		Dete of	
			Was there ar	
			ilf in also the followi	
			Date of injury	, 19
	er injury occurred in	(Specify city of INDUSTRY, in HI	r town, county and St DME, or in PUBLIC P	ate) LACE,
Manner of inju	•			
If so, specify (Signed)		2.00	Paylor la	
	/	The Parket	- Language All	9

N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.-The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE TAX TO SEE			
Other contributory causes of importance:	non-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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To be complete, an occupation return must state:

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10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonilis	3 days ago
N TATAL			4-2
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	./
REPORATE LIMITS Registration Dist, No.	4
No. Algonomin Hotel-Baltest	// Ward
leath occurred in a hepital or institution, give its NAME instead of street and	number)
ds. Hdy/long in U.S. if of foreign birth?yrs	nosds.
eli o o o o	
ast. Ward. Congobolis da	
If nongesident give city or town an	d State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH 9	
(Month) (Day)	., 193_3 (Year)
(month) (vay)	(1681)
22. HEREBY CERTIFY, That I attended	d deceased from
, 19, to	, 19
last saw h, 19, 19	; death is said
to have occurred on the date stated above, at A.M.	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Sunshot Wounds	Date of offset
of head self-inflicted	Reb 2.
(Suiciale)	
Other Contributory Causes of importance;	
Name of operation Date of_	
What test confirmed diagnosis? Was there an	
23. If death was due to external causes (VIOL€NCE) fill in also the following	
V	- 8 193 3
Where did injury occur?	
(Specify city or town, county and St	ate)
Specify whether injury/occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
	0
Manner of injury	1.00
Nature of injury Wannel V	MILMINE.
24. Was disease or injury in any way related to occupation of deceased?	
If so; specify	
is the well of I les Tocals	MAD.

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PE ANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH it in terms, so that it may be properly, classified. Xact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11-0
County alegany	Registration Dist. No
Village Dr City & Chhart	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2 FILL NAME has les Juis	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CENTIFICATE OF DEATH
3. SEN 4 CO.OR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HARREBY CERTIFY Wat I attended deceased from
6. DATE OF BIRTH (month, day, and year 1990). 16 1933 7. AGE Years Months Deys If LESS than	I last saw h. A. alive on The C. A., 1933; death is said to have occurred on the date stated above, at 2,555 m.
8. Trade, profession, or particular	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
kind of work done, as SPINNER of CONT SAWYER, BODKKEEPER, etc.	(Inumonia) Office
Kind of work done, as SPINNER SAWYER, BODKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Jun 10000 30014
this occupation (month and year) spent in this occupation	Other Contributory Causes of importance:
(State or country)	Congenial enlargement
# 13. NAME NOMAS JUVED	of Thymus glaird
13. NAME & NOMAS JUNES 14. BIRTHPLACE (city or town) ECK hart Tod	Name of operation Date of
(State of county)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME FORM CONTROL	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE OFFITY OF TOWN LA MALEON WAY	Accident, suicide, or homicide?, 19, 19, 19
17. INFORMANTO NO MAS LUCCO (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18 BURIAL CREMATION OF SEMONAL	Manner of injury
Place Colk hart Date the 8 ,1930	Nature of injury
19. UNDERTAKER & mas Devist mid	24. Was disease or injury in any stay related to occupation of deceased?
20. FILED 2/7, 19.3.3 Q1 KN Nather Registrar.	(Signed) (Address) Anstructy Mg.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

	0	
Date in funtil to Dea.	e a vista partitioner	
Jong of Mosta Charles	The Ville Chiefeline	
/		

BINDING

FOR

MARGIN RESERVED

STA	TE OF MA	ARYLAND-	CERTIFICATE	OF DEATH
1. PLACE OF DEATH		vuiside	01	
County allega	rue_	City I imi	ite	Registration Dist. N
Village or City Cec	wilnila.	d	No. Panes	Crans Roll
Length of residence in city or to	In where death occurre		f death occurred in a hospital or instit	
2. FULL NAME	Teorge	Lindu	E SI	
(a) Residence: No.	Navro (Usual	Cross R	Ward.	If nonresident give cit
PERSONAL AND ST	TATISTICAL PA	RTICULARS	MEDICAL	ERTIFICATE OF
3. SEX 4. COLOR OR,		MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH	Jeh
5a. If merried, widowed, or divorced		vous		(Month) (I
HUSBAND of (or) WIFE of Flore	uce B	rauble	22. Tul. 3	Y CERTIFY. The
6. DATE OF BIRTH (month, day, and y	lear) Nov. 2	14 1859	I last saw h Line alive on	Feb 3
	Months Dey		to have occurred on the date stat	ed above, at 29, m
73	2 10	1 dey,hrs.	The PRINCIPAL CAUSE OF DEA	TH end related causes of im
kind of work done, as SPI SAWYER, BOOKKEEPER, et SAWYER, BOOKKEEPER, et SAWYER, et SAW	ILL, Far	otal time (years) spent in this occupation	Other Contributory Causes of imp	ortance: Mright
I DOCUMENT	uce or	vaner		
14. BIRTHPLACE (city or town)	Henry		Name of operation	
	00	07	What test confirmed diagnosis?	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	Germen Jeried	net h	23. If death was due to external ca Accident, suicide, or homicide? Where did injury occur? Specify whether injury occurred i	(Specify city or town, c
18. BURIAL, CREMATION, OR REMOVA	Cur pate Fr	b 6 19.33	Manner of injury	
19. UNDERTAKER Cours (Address)	bulen	a fee	24. Was disease or injury in any w	vay related to occupation of
20. FILEO Tel 6, 1933	3 Marury	Messo	(Signed)	11/00/1/0

Registration Dist. No. occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? vrs. mos. ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH DATE OF DEATH (Day) HEREBY CERTIFY. That I attended deceased from ve occurred on the date stated above, at PRINCIPAL CAUSE OF DEATH end related causes of importence Date of onset Feb of operation _____ Date of ____ test confirmed diagnosis?_____ Was there an autopsy?____ leath was due to external causes (VIOLENCE) fill in elso the following: ent, suicide, or homicide?______ Date of injury______, 19_____ did injury occur?____ (Specify city or town, county and State)
fy whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. er of injury ____ s disease or injury in any way related to occupation of deceesed? specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

1. PLACE OF DEATH County County COR	Registration Dist. No.
Village or City Cumberland of	No. 3/3 Arch St.,6 - Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where dash occurred 3.0 yrs, mos.	ds. How long in U.S. if of foreign birth?_4.9_yrsmosds.
2. FULL NAME Charlotte W. Lin	m)
(a) Residence: No. 3/3 Areh	St. 6 - V Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Monith) (Day) (Vear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dun. J. Junn	22. I HEREBY CERTIFY, That I attended deceased from 19.32 to 25.19.33
6. DATE OF BIRTH (month, day, and year) May 15-187/	I last saw h_ 2 alive on 2 7 7 7 1933; death is said
7. AGE Years Months Dys If LESS than 1 day,hrs.	to have occurred on the date stated above, at. 2 The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this spent in this	aterio Sclerosio
SAW MILL, BANK, etc	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	- Collection of the post of th
13. NAME Clarles Williams	
13. NAME (Clarles W) Clarker W Clarker W Clarker W) Clarker W Clar	Name of operation Date of Date of What test confirmed diagnosis? The Flam Was there an au'opsy? The
15. MAIDEN NAME Catience Jones	23. If death was dua to external causes (V)OLENCE) fill in also the following:
16. BIRTHPLACE (efty or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT TURA B. 7. See mal.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mare Itill Censelerypate 7-eb 27 1933	Manner of injury
19. UNDERTAKER Quis Steige Lige (Address) Commission Med	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILE Flesh 27, 1933 Harney St (News)	(Signed) TMC - Multivine M. D. (Address) Combapland + M.L.

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Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 7 1933	1		
Other contributory causes of importance:	equation (i)	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Length of residence in city or town where death occurred	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village Dr City Length of residence in city of town where death occurred. 2. FULL NAME (a) Residence: No. (b) County in the County in the No. (b) Residence: No. (c) Residence: No. (d) Residence: No.	1. PLACE OF DEATH	93-0
Langth of residence in city or town where death occurred by s. mon. 2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Residence: No. (d) Residence: No. (e) Residence: No. (e) Residence: No. (f) Residence: No. (e) Residence: No. (f) Residence: No. (e) Residence: No. (f)	County Allegany	ORATE LIMITS Registration Dist. No.
Langth of residence in city or town where death occurred. 2. FULL NAME 2. FULL NAME 2. Residence: No. A Color Rect		
(a) Residence: No. A Subject of Booke Dualplace of Booke December 1997 (Manufact of Booke) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED OUT PHYOREE (carry the way) 5a. If married, widowed, or divorced (for) Wife of 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. A		
PERSONAL AND STATISTICAL PARTICULARS J. SEX J. COLOR OR RACE S. SINGLE, MARRIED, WINDOWD DSP/DYORCED (only the woy) S. If married, widowed, or divorced introdewney, or divorced in i	2. FULL NAME Leongana di	trenberg
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE By Carry Marking Wildowed, or divorced litteraction of the control of the cont	(a) Residence: No. 143 Ablk 1	St. 2 . Ward.
2. If married, widowed, or divorced introduction of divorced interest of divorced introduction of divorced introduction of divorced interest of divorced		
35. If married, widowed, or divorced (Month) (Day) 193		
5. If married, vidowed, or divorced (1958and et al. 1953) 7. AGE Years Months Days If LESS than 1 day. If the state of the		Jeby 8 193 3
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days H LESS than 1 day, hrs, hrs, hrs, hrs, hrs, lind of work done, as SPINNER, SAVER, BOOKEEPER, etc. 10. Date Geascasd last worked at this occupation (month and year) 10. Date Geascasd last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL CREMATIDN, OR REMOVAL PLACE (Address) 19. Jan Balle Address 19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Natu	5a. If married, widowed, or divorced	V
S. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days H LESS than 1 day,	(or) WIFE of Hiram	7-11-10-10-1
Strade, profession, or particular sind of work done, as SPINNER, SAWTER, BONKEPER, etc. A	6. DATE OF BIRTH (month, day, and year) Lec 28, 1853	De 20 H
8. Trade, profession, or particular final profession, or parti		
Sind of work done, as SPINNER, SWERR, BONKEEPER, etc. 1 Industry or business in which SWWER, BONKEEPER, etc. 1 Industry or business in which SWWER, BONKEEPER, etc. 1 Industry or business in which SWWER, BONKEEPER, etc. 1 Industry or business in which SWWER, BONKEEPER, etc. 1 Industry or business in which SWWER, BONKEEPER, etc. 1 Industry or business in which SWWER, BONKEEPER, etc. 1 Industry or business in which SWWER, BONKEEPER, etc. 1 Industry or business in which SWWER, BONKEEPER, etc. 1 Industry or business in which SWWER, BONKEEPER, etc. 1 Industry or business in which SWW MILL, BANK, etc. 1 Industry or business in which Synthetic decased last worked at this occupation (morth and year) 1 Intustry or business in which Synthetic decased last worked at this occupation (morth and year) 1 Intustry or business in which Synthetic decased last worked at this occupation of decased? Intustry or business in which Synthetic decased last worked at this occupation of decased? Intustry or business in which Synthetic decased last worked at this occupation of decased? Intustry or business in which Synthetic decased last worked at this occupation of decased? Intustry or business in which Synthetic decased last worked at this occupation of decased? Intustry or business in which Synthetic decased last worked at this occupation of decased? Intustry or business of importance: Intustry or bu		
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Description Descri	SAWYER, BODKKEEPER, etc.	1 Colores Tama
Description Descri	work was done, as SILK MILL, SAW MILL, BANK, etc.	1 de la companya della companya della companya de la companya della companya dell
Description Descri	11. Total time (years)	
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13. NAME 14. BIRTHPLACE (city or town) Name of operation Date of	12. BIRTHPLACE (city or town)	
What test confirmed diagnosis? Was there an au'opsy? Accident, suicide, or homicide? Date of injury. Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury. Nature of injury. Nature of injury. 19. UNDERTAKER (Address) Address OFFILED 19. 3 Manner of injury. Nature of injury		9
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Where did injury occur? (Specify city or town, county and State) 17. INFORMANT (Address) 18. BURIAL CREMATIDN, OR REMOVAL Place Of Company of the Company	15. MAIDEN NAME Mollie Suler	23. If death was due to external causes (VIOLENCE) fill in also the following:
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17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL Place Date Date Nature of injury Nature of injury Nature of injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) 20. FILED (Signed) (Signed) (Address) (Address)	(State or country)	
Place of Still Counce Date of the state of t		
19. UNDERTAKER 23. Sleen 24. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Signed) (Address) (Address)	(2 91.01/2 . 4)	Manner of injury
(Address) 20. FILED LLL 9 , 1933 Warself March (Signed) Registrar. (Address) (Address) (Address)	Place Stell and Date Tel., 1933	Nature of injury
20. FREDZEL 9 , 1933 Warrely & March (Signed) in Signed M. (Midges) . (Address)		
	20. FUED Cel 9 , 1933 (Narvey & March	(Signed) Symptom M.
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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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3. No. 1	BWRITE
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1. PLACE OF DEATH	WITHIN CORP	DRATE LIMIYS (59)	4
County Cellegan	ANITHING COLI	Registra	ition Dist. No.
Village or City Cambles Co	and	No. 183 H	
Length of residence in city or town where death	0.	os/_7_ds. How long in U.S. if of foreign birth	h?mosd
2. FULL NAME #/ Omand			
(a) Residence: No. 133 Hand	mahird	SK-3 Ward.	
			sident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFIC	ATE OF DEATH
nale Winter	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	3. , 193. , (Year)
. If married, widowed, or divorced HUSBAND of (or) WIFE of	-	70	IFY, That I attended deceased fr
DATE OF BIRTH (month, day, and year)	1 (933	I last saw him alive on July	
AGE Years Months	Days If LESS than	to have occurred on the date stated above, at-	
_	1 day,	The PRINCIPAL CAUSE OF DEATH and related were applicables	d causes of importance
8. Trade, profession, or particular	IN	Gremature	Oate of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	11 ores	- Best	4
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc			
10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this		
year)	occupation	Other Contributory Causes of importance:	4/
2. BIRTHPLACE (city or town)	alland	premusus 122	usa.
0	land	mo	
13. NAME Char das	ng		
14. BIRTHPLACE (city or town)	urlound	Name of operation	Date of
(State or country)	fland	What test confirmed diagnosis?	Was there an autopsy?
15. MAIDEN NAME (Legal R 16. BIRTHPLACE (city or town) 9M. Ol. (State or country)	Gloff	23. If death was due to external causes (VIOLEN	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Where did injury occur?	
7. INFORMANT Lower Fun (Address) Lus June	9 d Mari	(Specify Specify whether injury occurred in INDUSTRY,	city or town, county and State) in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Date Feb 19 193	Manner of Injury	
120 - 1		24. Was disease or injury in any way related to	necupation of decased?
9. UNDERTAKER THE STATES	in Ima	If so, specify 2	occupation of accessed.

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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of OCCUPA.

1. PLACE OF DEATH	(% a)
County allegany	Registration Dist. Np.
· Village or City Asial Care	ND. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Command Carly	
(a) Residence: ND. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) On Divorce (write the word)	21. DATE OF DEATH Yel. 17th 1933
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Consad Crytz	22. I HEREBY CERTIFY. That Wattended deceased from 1933, to 14. // 1933
6. DATE OF BIRTH (month, day, and year) May 23 1862	I last saw h alive on
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 0 4 m.
// \ \ \ ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	(beterio sclerosis 4/1/32
9. Industry or business in which work was done, as SILK MILL,	
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (mogth and year) 11. Total time (years) spent in this occupation.	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) A Carry and; (State or country)	Constant Delate
	2/9/3
E Contraction of the contraction of	Name of a south
4. BIRTHPLACE (city or town) Slamatany (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Martha Measboarah	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) SErmany	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Made Read Fylles	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Millary Usungu Lather Date Fll 14, 1933	Nature of injury
19. UNDERTAKER (1) Cirhhum (Address)	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED. Feb. 12, 1933 R. J. Stuken. Registrar.	(Signed) M. Correct M. D. M. D. (Address) M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes_ The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 uear

1. PLACE OF DEATH	MARYLAND-	CERTIFICATE OF DEATH 01347
County Allegany	WITHIN CO	PRPORATE LIMITS Registration Dist. No. 4
Village or City_ Cumberland.	Md	No. 74 Green. St. C. / Word
Length of residence in city or town where deeth	(16	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
(a) Residence: No. Cumberla	and. Md	St Ward.
(a) Residence. No.	(Usual place of abode)	If nonresident give city or town end State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED, OR IN WORCE OF the word)	21. DATE OF DEATH Feb. 18.1933 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Margart • MacM (or) WIFE of	lurdo	22. I HEREBY CERTIEY. That I attended deceased from Jan 26- 1933, to Eh. 18 ,1933
6. DATE OF BIRTH (month, day, and year)	Mar.20.1879	Clast saw hely alive on Jeh - 17 , 1933; death is seid
7. AGE Years Months 53 10	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 5 • 15 • Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, HOT SAWYER, BOOKKEEPER, etc 49 Industry or business in which work was done, as SILK MILL, SAW MILL I BANK AIL I BANK AIL		Date of onset
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country)	/d	Other Cantributory Causes of importance:
E 13. NAME Danial . MacMur	rdo	
Harman Banial MacMur 13. NAME Danial MacMur 14. BIRTHPLACE (city or town) Scot (State or country)	tland	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Janet.Crain 16. BIRTHPLACE (city or town) Scotl (State or country)	Land	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
Russell.MacMurdo Cumberland. Md		(Specify city or town, county end State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Rose H111 D	Date Feb. 20. 19,33	Manner of injury
19. UNDERTAKER John . C . Wolf ((Address) Cumberls 20. FILED / 8 , 19.33 (Max		24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Dete of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		The section of the se	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
MAR 7 1933				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS B	5 Y	PHYSICIAN
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PLACE OF DEATH

allegam

STATE OF MARYLAND CER

TIFICATI	E 0	F DI	EA1	TH/	
Registration	Dist.	No.		0	

(If death occurred in a hospital or institu-Ward) tion, give its NAME innumber.)

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month)(Day) (Year).... I HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at / 4 The CAUSE OF DEATH * was as follows: (Duration) vis......mos..... Contributory Secondary (Duration) (Signed) (Address) *State the Disease Cousing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death _____yrs.......mos......ds. In the Where was disease contracted, if not at place of death?.... usual residence..... 19 PLACE OF BURIAL OR REMOVAL

20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the ," etc., Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (6)

Statement of Cause of Death—Name, first, the DISE BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(tetanius) may be stated under the head of "contributory." approved by Committee on Nomenclature of the inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease Whooping (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; " "Marasmus, " "Old Age, " "Shock," Chronic valvular etc. The contributory Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01350
County allegany	Registration Dist. No. 12
	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
O (Ma)	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME TENER OF	Lowan
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DEVORCED (gorite the word)	21. DATE OF DEATH LL. 17 Th (1938) (Month) (Day) (Year)
5a. If married, widewed, or divorced HUSBAND of (or) JULIFE of . Angry Rolan	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept. 12 1852	I last saw have alive on 36 14th , 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.3 OF. m.
80 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Witerio Schrosis Ghilis
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Thoustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and)	
10. Date deceased last worked at this occupation (month and the 1913 spent in this occupation 92)	
12. BIRTHPLACE (city or town) Thansland	Other Contributory Canses of Importance:
(State or country)	JCK:17-33
13. NAME has fire sowan	
13. NAME 14. BIRTHPLACE (city or town) (State of country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
H Children of the	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mas: Jos. Mills (Address) Silmone and	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place It Michaels Cantry Favathurgate fill 20, 1930	Nature of injury
19. UNDERTAKER (Address) Sangarange	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Feb. 19, 1983 (P) Staken	(Signed) M. M. D. (Address) midland m. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	WAR & Tong	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURNAU V.S	July 5, 1927	Peritonitis	3 days ago
	A STATE OF THE STA			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state INENT RECORD. Every item of inforof OCCUPA. act statement ACTLY. properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PE stated AGE should be in terms, so that it may be mation should be carefully supplied. TION is very important CAUSE OF DEATH in

V. S. No. 1

STATE OF MARYLA	D-CERTIFICATE OF DEATH
1. PLACE OF DEATH	100 91351
County allegand	Registration Dist. No.
Village or City Hesternhart /	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	mosds. How long in U. S. if of foreign birth?yrsmosds.
(a) Residence: No. Wittemport Med. Par (Usual place of a both	Low St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WORD DIVORCED (write	werd, 21. DATE OF DEATH (Month) 26 , 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of harles Winfield M. Ken	22. I HEREBY CERTIFY. That I ettended deceased from Jun. 20 1932 to Feb. 26 1933
6. DATE OF BIRTH (month, day, and yeer) May 26 186	I last saw h. R.F. alive on Feb. 26 , 1933; death is said
	to have occurred on the date stated above, at 8.00 4m.
6/ 7 0 or_	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Neharitis with Chronic
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Passive Congestion of Lungs
Spent in the	Extremities Jon 19:
year)	Other Contributory Causes of importance:
(State or country) Drapyland.	Lobor Prevmonia Feb 25,1
13. NAME Noved Felick)	
13. NAME A TOTAL FOLIAGE 14. BIRTHPLACE (city or town) Xerper (State or country) Held Yergines	Name of operation None Date of What test confirmed diegnosis? Physical Sights as there en autopsy? No
15. MAIDEN NAME Mary Flith	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Flilb. 16. BIRTHPLACE (city or town) Respect	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Just MIS IVMS	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL,	Manner of injury
Place Westernfrost, ma Date Bed. 2	19.3.3. Natura of injury
19. UNDERTAKER D'Arid Se Boal (Address) Westernal and mod	24. Was disease or injury in any way related to occupation of deceased?
20. FILED FCl. 28, 1933 Offganhalen	(Signed) Paul R. W. Vd. M. D. (Address) Piedmont W. Vd.

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1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
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Other contributory causes of importance:		Other contributory causes of importance:	
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plnous

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ECORD State Exact rificate.	Village or City Was auge (No. 2FULL NAME Marthy V. Mor	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
NG INKTHIS IS A RAMANENT arefully supplied AGE should be state in plain terms so that it may be popurant. /See instructions on back to be presented to the state of the sta	PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day). (Year) 7 AGE If LESS than I day hrs. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 17 I HEREBY CERTIFY, That I attended the deceased from 18
WRITE PLANISM WITH UNFADING BEvery item of information should be constant of OCCUPATION is very impostatement of OCCUPATION is very impostatement of OCCUPATION is very impostatement.	11 BIRTHPLAGE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed 1938. 18 Prince Registrat	(Signed) (Signe

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of octhe first line will be sufficient, e.g.. Farmer or Planter, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary froman, etc. But in many Spinner, (b) Colton mill; (a) Solesmon. (b) (a) Foreman, (b) Automobile factory. The nature of the business or industry, and therefore an Physician, work, or At Home, and children, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Coak, ployed, as At school, or At home. Care should be taken tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DIMEASE CAUSING DEATH, whatever, write None. Housemaid, etc. report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (a) the kind of work and also (b) the If the occupation has been changed -Coal mine, etc. not gainfully emmaterial Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Meosics (disease use of "Tumor" for malignant neoplasms); Measles, inges, peritonacum, etc., Carcinoma, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). (secondary or intercurrent) affection need not unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., whon a definite disease Whooping cough; as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory" or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all carbolic acid-probably smoide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of approved (name origin; "Cancer" is less definite; avoid American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," resulting from childbirth or miscarriage as by Committee on Nomenclature Chronic etc. valvular heart disease; The contributory Sarcoma,, etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.

V. S. Mo. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PI ANENT RECORD. Every item of infor-

STATE OF MARYLAN	D-CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Clegany WITHIN Village or City Cumberland	Registration Dist. No. No. Allegany Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mos. 27 ds. How long in U.S. Hor foreign birth? yrs. mos. ds.
(Usual place of abode)	If nonresident affective or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the standard) Thate That	WED, 21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (ar) WIFE of	Jan. 15 19 37, to Self 1 attended deceesad from 1933
6. DATE OF BIRTH (month, dey, and year) July 23 /7	60 Hast saw him alive on Jelf 11 , 1933; death is sald
7. AGE Years Months Days If LESS 1 dey,	hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
8. Treda, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Data decessed last worked at this occupation (month end soant in this securation)	er elle myocarditis ?
year) occupation	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (State or country) 13. NAME	
13. NAME 14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Clizabethe Course	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Carabelle Course 16. BIRTHPLACE (city or fown) (Steta or country)	Accident, sulcide, or homicida?
17, INFORMANT. allegoing it as (Address) Language Mid	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVALY Plece Bulkey Jung Date TEL 19.	Manner of injury Natura of injury
19. UNDERTAKER STANDING (Address) STANDING STANDING	24. Was diseese or injury In any wey releted to occupation of deceased? WY
	(Address) 36 All Commerciana Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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9. The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Ex	kample I		Example II		
The principal cause of dead of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	g and galactic states and galactic states are stat	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	LIKE PU SANA	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	MAR 7 1985	Julyi5,1927	Perilonitis	3 days ago	
1	BURELU V.				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Village or City of (If death occurred in a hospital or institution, give its) AME instead of street and number) Length of residence In city or town where death occurred How long in U.S. If of foreign birth?_____yrs. statement 2. FULL NAME (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. (Month) (Year) BINDING 5a. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY. That I attended deceased from 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Months If LESS than to have occurred on the date stated above, at 9 Days 1 day, _____ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 3 or____min. Date of onset Trade, profession, or particular kind of work done, as SPINNER. OCCUPATION RESERVED of SAWYER, BODKKEEPER, etc. .. back 9: Industry or business in which work was done, as SILK MILL, may SAW MILL, BANK, etc 10. Date deceased last worked at on 11. Total time (years) this occupation (month and spent in this that year) _____ occupation. instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) MARGIN (State or country) HER 13. NAME See FAT Name of operation ... 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIDL ENCE) fill in also the following: importa 16. BIRTHPLACE (city or town) ___ (State or country) Where did injury occur?__ pe (Specify city or town, county and State) DE Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT. plnods (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury AUSE Nature of Injury_ NOLL 24. Was disease or injuly in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar. (Address)

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E	cample I		Example II		
The principal cause of dea of importance were as follo	th and related causes	The state of the s	of importance were as follows:		
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	MARY 7-1985	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
	BUREAU V.	15.			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 doys ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gollstones	May 1,1923	Gastroenteritis	1 year	

should state ANENT RECORD. Every item of inforxact statement of OCCUPA. PHYSICIANS ACTLY. in terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING AGE should be stated EX See instructions on back of certificate -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PH mation should be carefully supplied. TION is yery important CAUSE OF DEATH is ä ż

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	ORATE LIMITA
County Clebe	Registration Dist. No.
Village or City ((1)	ND. St., St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Longs a. O'Reill	
(a) Residence: Np. 27 William	St.,6 -/ Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWSD, OR DIVORCED (write the word)	21. DATE OF DEATH Act. 6 (Month) (Day) (Yaar)
5a. If married, widowed, or divorced	
NUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6 DATE OF RIPTH (month day and year) Pt 19-1885	, 13-0-1
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw hose alive on to have occurred on the data stated above, at 29 m.
1. Ade lears months bays 11 LESS than 1 day,hrs.	
9 Trade policy or activities	were as follows: Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	1 4 0 : 2 11 4 :
9. Industry or business in which	(man supretual region 1930
work was done, as SILK MILL, SAW MILL, BANK, etc.	
iD. Date deceasad last worked at this occupation (month and pear) spant in this occupation (coupation occupation occupati	
man land	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	6/4/4
E 13. NAME Edward & Meill	year of the same o
14. BIRTHPLACE (city or town)	Name of operation Date of
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
E 15. MAIDEN NAME Many W. Kean	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Mary Bueill (Address) Completed and md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place St fatrick- water 4ch 8-,1933	- Nature of injury
19. UNDERTAKER Comments Stein The Made	24. Was disease or injury in any way related to occupation of dacaased?
Til a sa A shir	If so, spacify (Signed) They. H. A
20. FILED Zahr 19 33 (Makuly Y Men Registrar.	(Address) Crush Pared hul
If man blake an add all Co. D.	N. Ci. I. C D. I

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V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 01360
000	noite private private
County Allegary Ully LI	Registration Dist. No.
Village or City Carpbelland	No. No. W. Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsnos.	
2. FULL NAME Caroline O. Ja	i cuntuit
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (registe the word) OR DIVORCED (registe the word)	21. DATE OF DEATH Lebruary 8 , 193.9 (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward J Rarlaman	22. HEREBY CERTIFY. Thet I ettended deceased from 1932 to 7ell. 8
6. DATE OF BIRTH (month, dey, end year) Than 5 / 659	Host saw har alive on 768. 8 ,1983; death is said
7. AGE Years Months Days If LESS then	to have occurred on the date steted above, et//:55 P.m.
4 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance
8. Trade, profession, or perticular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done as SILK MILL	Chronic angocarditis 1932
9 Industry or business in which	
SAW MILL, BANK, etc	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Other Controllery Canses of Importance.
(State or country)	
II 13. NAME Seo W. Lotts	
14. BIRTHPLACE (city or town)	Name of operation home Dete of
(State or country)	What test confirmed diagnosis? Physical efamily Was there an eutopsy? The
I 15. MAIDEN NAME Truster	23. If deeth wes due to externel ceuses (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
O 16. BIRTHPLACE (city or town) (Stete or country)	Where did injury occur?
17. INFORMANT See W. Parlaman, (Address, Market See See See See See See See See See S	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
After Herman Compete Teb 11-, 1933	Neture of Injury
19. UNDERTAKER Junia Stein Die (Address)	24. Wes disease or Injury In any wey related to occupation of deceased? Notes If so, specify
20. FILEO ILL 10, 1933 Hakulen i Registras.	(Signed) WK Hodges (Address) Cumberland Jud. M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilensu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ano Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SE	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MOTHER FATHER

V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (11361
1. PLACE OF DEATH	PORATE LIMITS (2)
County allegany williste contract	Registration Dist. No.
Village or City Cultarea (If	No. Allegain Hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U. S. N of foreign birth?mosds.
2. FULL NAME Stillborn Jetera	
(a) Residence: No. Sa U (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (ramice the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, wildowed, or divorced HUSBAND of (or) WtFE of	22. I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (nonth, day, and year) Tel. 4, 193)	Hast saw ha alive on the length 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Macan
work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupetion (month and yeer) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Chulcular (State or country)	Other Contributory Causes of Importance:
I 13. NAME Willand. Petersi	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	Whet test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME Isolad / La Sum	23. If deeth was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stole or sountry)	Accident, sulcide, or homicide? Dete of injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MA CARLES (Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Schart Md Date Hely 4, 1933	Nature of injury.
19. UNDERTAKER Wellgen O Tetragen	24. Wes disease or injury in any way related to occupation of deceased?
Tell 4 23 della Allan	(Signed) Waller B. Julium M. D.
20. FILEOTILE T, 1930 Oranuelly See Recitar.	(Address) 122 Bedful It.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis CEIVE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
RUPEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUE LU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

NENT RECORD. Every item of infor-PHYSICIANS should state ract statement of OCCUPA. ACTLY. in terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING AGE should be stated Ex WITH UNFADING INK-THIS IS A PER See instructions on back of certificate. CAUSE OF DEATH in in terms, so TION is very important. See instruc N. B.-WRITE PLAINLY, V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1343)
County allogan - C	ity limite Registration Dist. No. 4
Village or City on ighus illo	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	
2. FULL NAME alfred	quett
(a) Residence: No. (Upual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a If meried widowed or diversed	(Month) (Day) (Year)
53. If muried, widowed, or divorced HUSBAND of (or) WHEE of Elizabeth Larkin	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day and year) This 10-186	last saw by a live on Jeff 17 19 3 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2, 5 4, m.
70 10 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fellows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Browelis Presenting
S. Hade, profession, or particular to the first to the fi	
10. Date deceased last worked at this occupation (height ad year) 11. Total time (years) spent in this occupation occupation 35 4	
12. BIRTHPLACE (city or town) mary land	Other Coutributory Causes of importance:
(State or country)	
13. NAME Carriel Sliquett	
13. NAME Varial Signal 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah Franch	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Travel 16. BIRTHPLACE (city or town) - Travel (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMATION Chicaboth guelts (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL	Manner of injury
Place III. Idhicke e out tol 0, 1933	Nature of injury
19. UNDERTAKED Story Story (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILE Seles 30, 1833 O arney Meis	If so, specify M. D.
Registrar.	(Address)
if more planks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage 7 1933	July 5,1927	Peritonitis	3 days ago
BUSEAU V. W.			
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1. year

ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 7 1933			
Other contributory causes of importance:		Other contributory causes of importance:	1.40
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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MILEIN CO-	01365
PLACE OF DEATH	STATE OF MARYLAND
County allegans	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Janual (No. 128 W) 2FULL NAME Luna Virginia	Macu St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemole 4 COLOR OR RACE SINGLE, MARRIED. WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Tolkruary 10, 1933
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
august 21 1820	Jan 22 1933 to Kel 10 ,1933.
(Month) (Day) (Year)	that Vlast saw her alive on Feb 10 , 1933,
7 AGE [If LESS than	and that death occurred on the date stated above, at 6:22 Cm.
/2 dayhrs.	The CAUSE OF DEATH * was as follows:
6 k yrs. 5 mos. 20 ds. or min.?	PP
8 OCCUPATION (a) Trade, profession or	Caronic Deppuls
particular kind of work	
(b) General nature of industry business, or establishment in	7
which employed or (employer)	Paration) yrs, mos ds.
9 BIRTHPLACE	Contributory X Q X Y Y Y
(State or country)	(Duration) yrs mos ds.
10 NAME OF	(Signed) Clo D. Stiles Jr., M. D.
FATHER Gwing Harr	2/1 53 Franklyse had
II BIRTHPLACE OF FATHER	1923 (Address) / Constant dotter from
Z (State or country)	*State the Disease Causing with, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country).	At place In the of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
THE ABOVE IS TRUE TO THE BEST OF MIT KNOWLESGE	Former or
(Informant) Mrs Cloyd Lycane	usual residence
(Address) Freathurg md.	Wolfer of Burial OR REMOVAL DATE OF BURIAL For 1933
15 Filed 2/11 1923 3 Qi fi Dlachen	2D UNDERTAKER) ADDRESS
Registrar	J. Aural Trolling
If more bianks are needed, address State Registrar	, 16 W Saraloga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to a for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "PUERPERAL septimenta," "PUERPERAL perdonties," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondar j or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of telanus) may be stated under the head of "contributory." taken. For violent deaths state means of injury American Medical Association.) Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi Chronic affection need not be etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH			
1. PLACE OF DEATH			
County Mlugary WITHIN CO	RPORATE LIMITS Registration Dist. No.		
Village or City Community	ND. 5/2 Longeanna Bre-/ Ward		
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)		
2 60.110	ds. How long in U. S. If of foreign birth?mosds,		
2. FULL NAME Mys. Klyabeth Mi	zer		
(a) Residence: No. 2002 (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
Annala What The ORD VORCED (perise the word)	(Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of	(month) (Day) (1841)		
(or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from		
1 2 12 12 1	1932, to 1932; death is said		
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	Tlast saw have alive on 120 13 2; death is sald to have occurred on the data stated above, at 13 Pm		
721 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8. Trade, profession, or particular	were actiollows:		
SAWYER, BOOKKEEPER, etc.	140 I to he last		
9. Industry or business in which	A second		
work was done, as SILK MILL, SAW MILL, BANK, etc.			
yaar) occupation	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town)			
(State or country)	non		
13. NAME 14. BIRTHEVACE (city or town) (State or country)			
4 14. BIRTHETACE (city or town) (State or country)	Name of operation		
	What test confirmed diagnosis? Climical Y Was there an autopsy? Nor		
15. MAIDEN NAME Action Toght 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:		
6. BIRTHPLACE (city or town)	Accident, suicide, or homicide?		
and P	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.		
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRIT, in HOME, of in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury		
Place typeformy la Date PMV 3, 1933	Nature of Injury		
19. UNDERTAKER Armio Stein Ine	24. Was disease or injury in any way related to occupation of deceased?		
(Address)	If so, specify		
20, FILE March 2, 1933 Barney & Mices	(Signed) M. D.		
Registrar.	(Address) Climberland Mof		
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ł!	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	4 C 1 100
1. PLACE OF DEATH	(F)	1300
County allegany	Registration Dist. No. 7	
Village or City Dartish	No. St.,	Ward
	f death occurred in a hospital or institution, give its NAME instead of street andds. How long in U.S. if of foreign birth?mrsm	
2. FULL NAME John Russ		
(a) Residence: No. (Barton ms. (Usual place of abode)	St., Ward. If nonresident give city or town and	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day)	., 193_ 3 (Yeer)
HUSBAND of (or) WIFE of	22. SI HEREBY CERTIFY, That I ettended	deceesed from
6. DATE OF BIRTH (month, day, and year)	I last sow h. im alive on Feb 17 1933	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10: 40 m.	-,
42 - 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER,		Date of onset
SAWYER, BOOKKEEPER, etc.	neurous	9/32
9. Industry or business in which work was done, as SILK MILL, Suvcery SAW MILL, BANK, etc.		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at this occupation (month end year) 11. Total time (years) spatitin this occupation Occupation		-
12. BIRTHPLACE (city or town) Anaryland	Other Contributory Canacs of importance:	
(State or country) (State or country) (State or country) (State or country)	Self Induced Stanuation	1/10/23
13. NAME AND	Name of operation Date of	-
(State of country)	What test confirmed diagnosis? Ex Aminations there en	eulopsy? Xw
15. MAIDEN NAME Chargarety crysis	23. If death was due to external causes (VIOLENCE) fill in also the following	g:
15. MAIDEN NAME Margareth Cycis 16. BIRTHPLACE (city or town) Draw Sand	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and State	te)
17. INFORMANT SNA COLONIA MOGRE, (Address) Patternia (Da)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR. REMOYAL	Manner of injury	
Place ausel Hell Cerriley Date 11 les 21, 1933	Nature of injury	
19. UNDERTAKER De Calcherre (Address)	24. Was disease or Injury in any way related to occupation of deceased?	70
20. FILED Feb 19 1933 J. U. Borden	(Signed) Collerry	
Registrar.	(Address) fiedmonx ZV	

If more blanks are pleded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	3	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU	Carlo and a		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PF ANENT RECORD. Every item of information should be exactly supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH it win terms, so that it may be properly classified. Tract statement of OCCUPA-MARGIN RESERVED FOR BINDING See instructions on back of certificate. TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	PORATE LIMITS (B) Registration Dist. No. 4
County ALLEGANY WITHIN CORP	Registration Dist. No. 4
Village or City CUMBERLAND MARYLAND	No. MEMORIAL HOSPITAL St., 6 -/ Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a norpital of institution, give its IVAIVIE, instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME SHAFFER ANNA MRS	
(a) Residence: No. 116 DECATUR ST	St., # Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
FEMALE WHITE OR DIVORCED (Seing the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of WILLIAM SHAFFER	22. HEREBY CERTIEY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Inly 15 1880	I last saw h alive on , 19 33; death is said
7. AGE Years Month ays If LESS than	to have occurred on the date stated above, at 42,35 m.
52 B 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc. CASHIER	Julia
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAW MILL, BANK, etc. 10. Date deceased last worked at this operupation (month and work) Somet in this securation (month and work)	
10. Date deceased last worked at this occupation (month and 2/1/1/2) 11. Total tima (years) spent in this	
this occupation (month and 2/14/33 spent in this year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) DELAWARE	throwie flygoods.
E 13. NAME HICKMAN E D	
13. NAME HICKMAN E D 14. BIRTHPLACE (city or town) DET AMADE	Name of operation Data of
(State of country) DELIAWALLE	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) DELAWARE (State or country)	Accidant, suicide, or homicide? Date of injury, 19
1 (State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Memorial Hospital	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
propolitioninglan lege Date Feb 18, 1938	Nature of injury
10 HADDETAND Loring Stein 2000	24. Was diseasa or injury In any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify D D D
20. FILED Field 7, 1933 Barney A Orin	(Signed) M. D
Registrar.	(Address) Confiberation,
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	Example I		Example II	
The principal cause of of importance were as f	death and related causes collows:	Date of onset	The principal cause of death and related cau of importance were as follows:	ses Date of onset
Arteriosclerosis	E CENTIED	1915	Attack of epilepsy = S	1 week ago
Chronic interstitial nephri	48	1921	Run over by street car	1 week ago
Corebral hemorrhage	1033	July 5,1927	Peritonitis = + 5 5	3 days ago
		11	Z 10	
	W. W. W. B			
Other contributory caus	ses of importance:	and the same of th	Other contributory causes of importance:	
Gallstones	from the many	May 1,1923	Gastroenteritis 7 7	1 year
			H 52 F	
			TO H	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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A G MO 1

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01370
1. PLACE OF DEATH WITHIN CORPO	PATE LIMITS 93-3
County Cellegan	Registration Dist. No. 4
Village or City Company of	No. 5 Chel sb-74 Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME THE . Chine	Smith
(a) Residence: No. 3 0 5 Orel 37	SK-V Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Freb. 17, 193 3
5e. If married, widowed, or diverced	(1-1)
(or) WIFE of Edux. 3.	22. HEREBY CERTIFY. That Lattended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw here alive on Fact 17, 1933; death is said
7. AGE Years Months Deys If LESS than	to heve occurred on the date steted above, at 7. 454.
61 9 21 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Aslanoschrotie Cordio -
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	11 - nun sen dit 3
Rind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	Comme 1
10. Date deceased last worked et this occupation (month and year) occupation occupation	
2/1/	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Coronary shrowing file 18
13. NAME Colv. Structure	// / / / / / / / / / / / / / / / / / / /
13. NAME Au House 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 15. MAIDEN NAME 15. MAIDEN NAME (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specily city or town, county and State)
17. INFORMANT (Address) 3 C C C C	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Place Date Date 1923	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address) Lead. mg	If so, specify
20, FILED les 18, 1933 Harney A Mens	(Signed) M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis CES. 2. NVW	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01371
1. PLACE OF DEATH	101-0
County allegany	Registration Dist. No.
Village or City Landersung Md.	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. it of foreign birth?yrs,mos,ds.
(a) Residence: No. Language my.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Himsle Autorical	21. DATE OF DEATH Fig. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Jatrick Stakem Sr.	22. I HEREBY CERTIFY. Thet I ettended deceased trom
6. DATE OF BIRTH (month, day, and yeer) Qua. 210 1856	I last saw h ex alive on Tel. 20th 1933; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the dete stated above, at 10:30 fm.
76 5 25 1 day,	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence
8 Trade protection or particular	acute Broweliks 2/4/33
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and	
10. Date deceased lest worked at this occupetion (month and 1930 spent in this 56 year)	7
12. BIRTHPLACE (city or town) Barton (State or country)	Other Contributory Causes of importance: 2/1/33
13. NAME Latrib Catranaugh. 14. BIRTHPLACE (city or town). Iseland.	
14. BIRTHPLACE (city or town) Seland	Name of operation Dete ot
(State or country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Margaret Cullen	23. It death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Ireland (State or country)	Accident, suicide, or homicide? Date of injury 19
17. INFORMANT Q & Stakens	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (Address) M. A	
Placehonaconing md. Oate Feb. 23, 1933	Menner ot injury
19. UNDERTAKER David S. Boal	24. Was disease or Injury In any wey related to occupetion of deceased?
20. FILED IN. 22, 1933 L. Jon Paylorus	(Signed) M: An every M. D. (Address) Widland - Mary land
Registriar.	(Address)

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	4	Gamazes	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	l l		

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	12:20 01372
County alleaning WITHIN CORPO	ORATE LIMITS Registration Dist. No.
Village or City Burbuland	No. Pele dans Vastital + Ward
	death occurred in a hospital or institution, give its NAMP instead of street and number) ds. How lone in U.S. if of foreign birth? wrs mos ds.
Length of residence In city or town where death occurredyrs,mos.	ds How for fin U.S. if of foreign birth?
2. FULL NAME Willard Kenneth	tallings
(a) Residence: No. Majole Side - Gumberland	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Child	22. I HEREBY CERTIFY, That I attended deceased from
C DATE OF PIRTH (month day and wash 74	l last saw have alive on 1933; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at _2:742.m.
10 2 26 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Brancho pregunna 2-5-33
9. Industry or business in which work was done, as SILK MILL,	(terming)
SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and year) year)	
9 0.01	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	manie mesticalis
	myetina crimacina
E	Name of operation Wasterd Date of 18793
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?
E 15. MAIDEN NAME Minnie, C. Lenger	23. If death was due to external causes (VIQLENCE) fill in also the following:
15. MAIOEN NAME Winne 6. Hensen 16. BIRTHPLACE (city or town) Oldday	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Rengined V. Slattings (Address) Make and Emberlanding	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place Jorna Gas Oate Feb 9 , 19.33	Nature of injury
19. UNDERTAKER Jacob Haler	24. Was disease or injury in any way related to occupation of deceased?
(Address) Twothers Ind	If so, specify
20 FILEFELL 8 1933 Carrier & Preise	(Signed) Walter B. Jahren M. D.
Registrar.	(Address) LX & Backfiel st
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronie interstitial ne		1921	Run over by street ear	1 week ago
Cerebral hemorrhage	MAR 7 1999	July 5,1927	Peritonitis	3 days ago
	BURGAN			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	ST.	ATEMENTS	BY	PHYSICIAN
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N. B.

1. PLACE OF DEATH County Alegany Village or City No. 20 3 = Mars. St., Was St., Was St., Ward. Length of residence in city or town where yeath occurred yes, mos. ds. How long in U.S. if of foreign hirth? (a) Residence No. 1) Mt Pleasant St., Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR, DIVORCED (write the word) Male WITHING COLOR PARTICULARS No. 20 3 = Mars. St., Ward. (If death occurred in a hospital or institution, give its NAME instead of street and number) As How long in U.S. if of foreign hirth? yrs. mos. St., Ward. (Usual place of abode) FERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR, DIVORCED (winter the word) (Year) (Year)	
Village or City	
(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where leath occurred	
Length of residence in city or town where leath occurred yrs	ard
(a) Residence: No. /) The Pleasant St., Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Of DIVORCED (write the word) Male white Divorced (write the word) Male white Divorced (Wante) (Month) (Year)	.ds.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male White (Usual place of abode) MEDICAL CERTIFICATE OF DEATH OR DIVORCED (write the word) (Year) (Year)	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Male white directed 21. DATE OF DEATH (Month) 9 (Month) 1933 (Year)	
male white directed (write the word) Jebruary 9, 1933	
5a. If married, widowed, or divorced HUSBAND of Makel Spear Stevens 22. I HEREBY CERTIFY. That I attended deceased for feet 5 1933 to Feet 9 193 8. DATE OF BIRTH (month, day, and year) May-8-1892 1 last saw humalive on Feet 9 1933; death is say humalive on	3
7. AGE Years Months Days If LESS than to liave occurred on the date stated above, at 1.1.3. In The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	isel
8. Trade, profession, or particular kind of work dona, as SPINNER, Manager SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL Jahan SAW MILL, BANK, etc. 10] Date deceased last worked at this generalization (month and the senting this sent in t	
12. BIRTHPLACE (city or town) Frosthung Other Contributory Causes of Important: (toxic) For 3	8
(State or country) 13. NAME James Stevens Name at operation Date of 14. BIRTHPLACE (city or town) Date of	
Name of operation Otate of country) What test confirmed diagnosis? Clark Factor and autopsy?	(gen
15. MAIDEN NAME Mary aux Courses 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. Burton 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Left dense bate of injury occur? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in NDUSTRY, In HOME, or in PUBLIC PLACE.	3.
18. BURIAL, CREMATION, OR, REMOVAL Place Those though Md. Date Feb 12, 1833 Nature of injury Fell asless though from	
19. UNDERTAKER Frostlig and Frunn. Co. (Address) (Address) (Signed) (Signed) (Signed)	6 n
20, FILED (Signed) (Signed) (Address) (Address	n. D.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A THE STATE OF THE			
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			,

1. PLACE OF DEATH

County allegany

2	(a) Residence: No. 129 Novel S. (Usual place of abode)	St., Ward. If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.5	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write Ma word)	21. DATE OF DEATH 7 6 (Pay) (Year (Year
6. 1	If married, widowed, or divorced HUSBAND of (or) WIFE of DATE OF BIRTH (month, day, and year) July 27 1/4, 188	
7. /	AGE Years Months Pays II LESS than 1 day, hi ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of o
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chronic Mineso Osthur
FATHER	BIRTHPLACE (city or town) Borden Mines (State or country) maryland lines 13. NAME Joseph Lines 14. BIRTHPLACE (city or town) Completed	Dither Contributory Causes of Importance: Name of operation.
HER F	(State or country) 15. MAIDEN NAME Oseph Zinner	What tast confirmed diagnosis? Was there an autopsy?! 23. If death was due to external causes (VIOLENCE) fill in also the following:
17.	16. BIRTHPLACE (city or town) Lumany (State or country) INFORMANT Lee Management (Address)	Accident, sulcide, or homicide?
18.	Place allegany form Date Take, 193	Manner of injury
19.	UNDERTAKER Scotling Address Frestling Ad. FILED File 1 19 3 3 Pair R. Housen	24. Was disease er injury in any way related to occupation of deceased? Coal 'm If so, specify (Signed) R A Tacker

STATE OF MARYLAND-CERTIFICATE OF DEATH

Registration Dist. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BORGAU V.B			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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4	3	000	(State or Country).
	WRITE P	ANS should tement of	(Informant) Mus Clay (Address) Was A
S. No. 1		BEve	15 Filed 2 // 3 1985.3
>		ż	If more brank

PLACE OF DEATH	STATE OF MARYLAND
County Ille of any	CERTIFICATE OF DEATH
	Registration Dist. No.
7 71	
Village or City Melberry (No. Jan	ward) (If death occurred in a hospital or institu
01 50,7	tion, give its NAME in stead of street and
2FULL NAME MAS CONTRACTOR	ket number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED	16 DATE OF DEATH / //
WIDOWED, OR DIVORCED	FIF 1. 1.22
Male Mule (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
Tune 6 18.55	Slpt 9 1927 to - lk 2 , 1925
(Month) (Day) (Year)	that I last saw ham alive on the fine 1925
7 AGE [If LESS than	and that death occurred on the date stated above, at 700 A m
1 day hrs.	The CAUSE OF DEATH * was as follows:
/ S yrs. S mos. G ds. or min.?	
8 OCCUPATION	Arlers - Schools
particular kind of work	
(b) General nature of industry	Conolax
	(Duration) yrs ds
	Contributory
(State or country)	Secondary
I 10 NAME OF	(Duration) vis mos, de
FATHER & A	(Signed) M. D
11 BIRTHPLACE	1-113 193 (Address) 7 9 1 1 1 1 1 1 1
OF FATHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
W (State or country) / ashery how	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
V OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
	ients or Recent Residents)
OF MOTHER	At place of death yrs. mos. ds. State yrs. mos. ds.
	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
and the state of t	usual residence
mornany my chigh	19 PLACE OF EURIAL OR REMOVAL DATE OF BURIAL
(Address) No Allan for I ma	Ballimore md. Jek 14. 1933
15 12/13 1058 A.R. Naiker	20 UNDERTAKER ADDRESS
Filed // 1923 Off / 1 / Color Registrar	Helisat trustherd
	Village or City Nothing (No. Demonstrate Leave of Country) Village or City Nothing (No. Demonstrate Leave of Country) PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED M

(Approved by U. S. Census and American Public Health Association.)

er," etc., tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on Farm laborer, Loborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salcsman. without more precise specification as Day (b) Automobile factory. The materia For persons who have no occupation person, irrespective o (6)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; prophoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

las fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." carbalic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Puerperal septicucuia," "Puerperal puritonitis," etc. "Debility" ("Congenital," "Senile," etc., "Dropsy," "E::haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. approved by Committee on Nomenclature (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercun-be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; Chronic valuat heart disease; use of "Tumor" (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi or intercurrent) affection need not be for malignant neoplasms); Mcasles; Example: Measles (disease etc. The contributory death

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is besential and must be obtained before the certificate is permanently filed

certificate.

See instructions on back of

CAUSE OF DEATH in TION is very important 01376

1. PLACE OF DEA	тн	2.4.44			(131)		Dr I	Koon	,
CountyAl	legany	WI	THIN CORP	ORATE	LIMITS	Registration	n Dist. No	4	<u> </u>
Length of residence in ci	Cumber La	ath occurred		f death occu	11 Gut aw rred in a hospital or in s. How long in U.S.	stitution, give its NA!	ME instead of str	reet and nu	
2. FULL NAME	eo.S.War	d.							
(a) Residence: No	716	(Usual place o	f abode)	St.,	Ward.	If nonreside	nt give city or to	own and S	state
PERSONAL AN	D STATISTIC	AL PARTIC	CULARS		MEDICAL	CERTIFICAT	E OF DEA	ATH	
	r or race	s. single, mark or divorced Marle	(write the word)	21. DA	TE OF DEAT	H Feb.	15th 1	1933	193
5a. If married, widowed or divo HUSBAND of Glac (or) WIFE of	dis. War	đ		22.	HERE	BY CERTII	FY. That I a	ittended de	eceased from
6. DATE OF BIRTH (month, day	v. and vear)	Nov.25	.1876	I last say	w barra alive on				
7. AGE Years 56	Months 2	Days 21.	If LESS than I day,hrs. ormin.			EATH and related ca	Prom. uses of importan		Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Potomac Edison. Co SAWYER, BDOKKEEPER, etc 9. Industry or business in which Stree Car Motorman work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and the control of the control				C.	unes nerie nesp				33
ID. Date deceased last wor this occupation (mo year)	rked at nth and	11. Total tin spen occur	ne (years) t in this pation						
12. BIRTHPLACE (city or town) (State or country)		Md			entributory Causes of i		Penle		1926
Ta. NAME Dat	nil. War	d							
13. NAME Date 14. BIRTHPLACE (city or to (State or country)	wn)	Md			operationst confirmed diagnosis		D		
15. MAIDEN NAME A	nanda. C	uster			th was due to externa			-	
16. BIRTHPLACE (city or to (State or country)	wn)	Md			t, suicide, or homicide				
	is. Ward Cumberla	nd. Md	,	Specify	whether injury occurre	(Specify city ed in INDUSTRY, in I	or town, county HDME, or In PUE	and State) BLIC PLAC	DE.
18. BURIAL, CREMATION, DR Place		Date Feb.	18.1,933	8	of injury				
19. UNDERTAKER (Address)	lohalo.W	olford land. M	d	24. Was d	disease or Injury in an	ny way related to occi			
20. FILED TUL /~ 17	19330 Var	my of	Registrar	(Sig	(Address)	2/100/	, North		M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week age
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1377
1. PLACE OF DEATH	(10)	/
County alignmy WITHIN CORP	ORATE LIMITS Registration Dist. No.	4
Village or City flem berfand m	No. Incurred of Story Story Story Story death occurred in a hospital or institution, give its NAME instead of street and in	- Ward
	ds. How long in U.S. if of foreign birth?yrsme	
2. FULL NAME Margarete War		
(a) Residence: No. Aeynslds (Usual place of abode)	St., 5 Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	7, 193(Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of	22. HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) Aug 8 1939	7.4/6	_; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8:50 Pm.	
3 / 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of enset
8 Trade, profession, or particular kind of work done, as SPINNER,	Emprema of pleased	77474
SAWYER, BOOKKEEPER, etc.	Cartifly.	1733
Industry or business in which work was done, as SILK MILL, SAW, MILL, BANK, etc.		
Date deceased last worked at this occupation (month and year) spent in this occupation occupation		
	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	Broncho kneumoina	19.83
13. NAME Ramuel Wase		1-1-90
14. BIRTHPLACE (city or town)	Name of operation Resection guib Date of	-13-33
(State of country)	What test confirmed diagnosis? Physical etam. Was there an a	utopsy?leo
15. MAIDEN NAME Mystle Clites 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following	:
6. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur?(Specify city or town, county and State	e)
17. INFORMANT CAMULE CARREST	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	ACE.
18. BURIAL, CREMATION, OR REMOVALEY	Manner of injury	
Place Muora Avovente Feb 19, 193	Nature of injury	
19. UNDERTAKER Samuel Was Was disease or injury in any way related to occupation of deceased?		
(Address) ake Gradow Ta	If so, specify 100	
20. FREDES 18 , 1933 Harry & Miss	(Signed) Curr best faul	hed M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Evample II

1	Example 11	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	A CONTROL OF THE	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		<u> </u>
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1247
County alleganes WITHIN CORP	Registration Dist. No.)
Village or City Cumbaland	No. 5/5 Hardlawn St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredwrs,mos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Climpra France	s Halers
(a) Residence: No.515 Wordland T	wonce Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	Let 2 193 3
Daniel Thule Married	(Month) (Day) (Year)
5a. If married, widowed, or divorted HUSBAND of AL 9V	22. 1 HEREBY SERTIFY That I attended deceased ingm
(or) WIFE of Seo. W Naters	Jan 18 33, 10 Set 2 ,33
6. DATE OF BIRTH (month, day, and year) Apr. 15 1852	Plast saw her alive on 1933; death is said
7. AGE Years Months Days if LESS than	to heve occurred on the date stated above, etm.
.81 9 /3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	were as rollows:
Kind of work done, es SPINNER, Tousework SAWYER, BOOKKEEPER, etc.	Circhosis Of level about 193
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and specified). See this occupation (month and specified).	0
SAW MILL, BANK, etc.	
year) occupation occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) I Cashereglac .	(Ol mue myocarditio (18. 192
(State or country)	Chrone forces
13. NAME Cleaners Size	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Clipatric Hauses 16. BIRTHPLACE (city or town). (State or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT MISS SEO & STOCK	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Cambriland gud	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Clean falour M. Date Del. 3, 1933	Nature of injury
19 UNDERTAKER Forces Steers due	24. Was diseese or injury in any way related to occupation of deceased?
(Address) Cemebuland mg	if so, specify R The Care
20. FILED teh 3 1933 Nature & Ollers	(Signed) (Signed) (Signed) M. D.
Registrar.	(Address) Cuerberland
If more blank are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state NENT RECORD. Every item of inforact statement of OCCUPA-CTLY. MARGIN RESERVED FOR BINDING m terms, so that it may be properly classified. stated EXA N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER See instructions on back of certificate. AGE should be supplied. mation should be carefully TION is very important. CAUSE OF DEATH in V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 0137	9	
1. PLACE OF DEATH			
county allyany WITHIN COR	PORATE LIMITS Registration Dist. No.	/	
Village or City Cours berland	No. 17-5-89 -st, 6-2	Vard	
(If	death occurred in a horpital or institution, give its NAME instead of street and number)	do	
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. If of foreign blrth?yrsmos	ds.	
2. FULL NAME and offetel			
(a) Residence: No. 1 % 6 Wh	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH TO	-	
OR DIVORCED (write the word)	8,193	3	
5a. If married, widowed, or divorced	(Month) (Day) (Year	1)	
HUSBAND of (or) WIFE of	22. HERBBY CERTIFY That I ettended deceased	from	
0 1 18 33	File 1 (33	72	
6. DATE OF BIRTH (month, day, and yeer)	liast saw h alive on death is	sald	
7. AGE Years Months Days If LESS than 1 dey, 5hrs.	to have occurred on the date steted ebove, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
or 4.5 min.	were es follows:	onset	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	(Irematine	1165	
SAW MILL, BANK, etc.	Werth.		
O Date deceased last worked at this occupation (month and spent in this			
year) occupation occupation	Other Coutributory Causes of importance:		
12. BIRTHPLACE (city or town) Communication			
(State or country) maryland			
13. NAME Ky Jakke			
14. BIRTHPLACE (city of town)	Name of operation		
(Grate or country)	What test confirmed diagnosis?		
15. MAIDEN NAME Aretta Merella 16. BIRTHPLACE (city or town) 2005 2005	23. If death wes due to external causes (VIOLENCE) fill in elso the following:		
O 16, BIRTHPLACE (city or town)	Accident, suicide, or homicide?		
(Man on Fel .	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
17. INFORMANT (Address)	Specify whether injury occurred in industry, in nome, of in Poblic PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
Place Haller A Coure Date Feb 20, 1939	Nature of injury		
the state of the s	24. Was disease or injury In eny way related to occupation of deceased?		
19. UNDERTAKEN from the land of 22 of	If so, specify		
of the 20 123 (Mary and A Mary	(Signed) MSB Cecules 3	M. D.	
20. FILE LOS A 1920 Valley Registrar.	(Address) 133 Vec		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAG 7 1903		1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01380		
1. PLACE OF DEATH			
County Willy WITHIN CORPO	ORATE LIMITS Registration Dist. No.		
Village or City Cambulks of	ND. 18 Left and St., 4 Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
	ds. How long in U. S. if of foreign birth?mosds.		
2. FULL NAME/Natilda Magfie	les		
(a) Residence: No. Faunt avef	St., Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Jenale 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)		
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Dennis Magfield	22. HEREBY CERTIFY That attended deceased from		
6. DATE OF BIRTH (month, day, and year) \ \ 21-1869	Jest saw h 27 alive on PUP. 1933; death is said		
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, House cluby SAWYER, BDDKKEEPER, etc.	Pairenone 1 Slomas 1930		
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this cocumpation (month and spent in this spent in this			
ID. Date deceased last worked at this occupation (month and year) this occupation			
12. BIRTHPLACE (city or town) Flutstone (State or country)	Dther Contributory Causes of importance:		
13. NAME (2 any Shipley 14. BIRTHPLACE (city or town)			
(State of Country)	Name of operation		
15. MAIDEN NAME Name Name 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?		
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur? (Specify diy or town, county and State)		
(Address) Farest are City	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, DR REMOVAL Place Farrage Com. Date Fth 15, 1933	Manner of injury		
19. UNDERTAKER Wishrier Smith Par	24. Was disease or injury in any way related to occupation of deceased?		
20. FILED Tech 14, 1933 Rakury & Sleves Registrar.	(Signed) Welleast Survey M. D. (Address) Live Land, M.		
If more blanks are needed, address State Registrar 2011 N Charles Street Bellimars, Property 71 S No.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		BECHNED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 01381	
1. PLACE OF DEATH		
County allegany WITHIN CORPO	RATE LIMITS Registration Dist. No.	
Village or City bumblel and	No. Ward death occurred in a hospital op stitution, gip its NAME instead of street and number)	
Length of residence in city or town where death occurredyrs,mos.	death occurred in a normal of sintunon, grant NAME based of street and number) ds. How long in 0.S. if of foreign birth?mosds.	
2. FULL NAME many Edwa // so	dfield	
(a) Residence: No. Quelplace of abode)	94., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 22, 193 S. (Month) (Day) (Year)	
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Charles & Mandheld	22. I HEREBY CERTIFY. That I attended deceased from	
6. DATE OF BIRTH (month, day, and year) In 1 1900	Hast saw h la alive on Jely 22 1933; death is said	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
33 / 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Alexa Memoria Jel 12-33.	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) bunkerform	Other Coutributory Causes of importance:	
(State or country) Maryland		
13. NAME Benjamin Ellswarthe		
13. NAME Beyone Clow athe 14. BIRTHPLACE (city or town). 27 Care field (State or country)	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an autopsy?	
	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?, 19, 19, 19	
O 16. BIRTHPLACE (city or town)	Where did injury occur?	
17. INFORMANT Benjamin Ellanauth	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Manner of injury		
Place St Peter & Gunl Date Geb 2,5 -, 1993		
19. UNDERTAKER GALING Stein Consultation (Address)	24. Was disease or injury in any way related to occupation of deceased?	
20. FICED LL 24, 1933 Narwy A Meeson. Registrar.	(Signed) have the west and M.D. (Address) 136 greene St. Cumuland Md.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.

 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

stated EXACTLY, PHYSI-properly classified. Exact f certificate.

thould bit may to

supplied. ACE sin terms so that if See instructions

should be carefully in DEATH in plain is very important.

Every item of

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Filed

RECORD

RMANEN

FOR

MARGIN RESERVED

UNFADING INK

WITH

WRITE

STATE OF MARYLAND

Saratoga St., Balto., Requesting V. S. No. 1.

		County Ullegans	(3) CERTIFICATE	OF DEATH
		1.0	Registration I	Dist. No.
	Vi	llage or City Vale Steman (No.	St.:Ward)	a nospitat or institu
ificat		2FULL NAME Trank Wa	iters	tion, give its NAME in stead of street an number.)
cert		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
back	3 5	Male White Single, MARRIED, MODOWEB ON DIVORCED (Write the word)	16 DATE OF DEATH (Month)	/6 , 1935 (Day) (Year)
ous on	6 1	DATE OF BIRTH (Month) (Day) (Year)	that I last saw herealive on Fel.	l. 6 , 1924
nstructi	7 /	75 yrs. 6 mos. 10 ds. or min.?		above, at
See	(p	a) Trade, profession or Ballings articular kind of work Blacksmith	fluaring	
rtant	b	b) General nature of industry business, or establishment in which employed or (employer)	(Duration)	de
impo	9 E	(State or country)	Contributory Secondary	Jis mos de
very		10 NAME OF Jarof. Winter	(Signed)	bey to
N is	RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal.	or, in deaths from ury and (2) Whether
VPA.	PAF	OF MOTHER Jouria Humberson	1B LENGTH OF RESIDENCE (For Hospit ients or Recent Residents)	als, Institutions, Trans
000		OF MOTHER (State or Country)	At place In the of deathyrsmosds. State	yrsde
t of	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?	······
neu		(Informant) Lengu Winter	usual residence	DATE OF BURIAL
ater		(Address)	Ta-11	Teles 20, 193
9	. 15	2/10 = a. PMach	20 UNDERTAKER	ADDRESS

Registrar

If more branks are needed, address State Registrar, 16 M

S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. gaged in domestic service for wages, as Servant, Cook-Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it business, that fact may be indicated thus; Furmer (re or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House er," etc., Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Farmer or Planter, Foreman, 6 yrs). For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the not gainfully em-(b) Grocery,

Statement of Cause of Death—Name, first, the Dis-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise..se. Examples: Cerebros pinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> Tas fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of contributory." American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of carbolic acid-probably suicide. Then tire of the injury, accident; Revolver wound of head-homicids; Poisoned by "PUERPERAL septicoomia," "PUERPERAL peritonilis, "Debility" ("Congenital," "Senile," etc., "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weukness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchopneumonia (secondary) stated unless important. or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: A ceidental drowning; Struck by railway train-(secondar/ Whooping cough; "Atrophy." "Collapse." "Coma," "Convulsions, peritonueum, etc., Carcinoma, Sarcoma, etc., oi resulting from childbirth or miscarriage as or intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory Measles ; death

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Dr. Williams

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURLAU V.A.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN	Į

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APR 22 1933

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

3 1 0

STATE OF MARYLAND—	CERTIFICATE OF DEATH (11384		
1. PLACE OF DEATH	(94.8)		
County Offe 9 any	Registration Dist. No.		
Village or City Traffic G	No. Minus Hospital St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurredyrs,mo			
2. FULL NAME Cyrus Bernano	1 Gountaly		
(a) Residence: No. A Grantevella	1877 d. Ward.		
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH		
OR DIVORCED (write the word)	7 /7 ,193 3		
5a. If married, widowed, or divorced	(Month) (Day) (Year)		
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from		
6. DATE OF BIRTH (month, day, and year) 7 - 9 - 1906	I last saw handlive on Jack 12 1952; death is said		
6. DATE OF BIRTH (month, day, and year) 2 - 7 - / 70 6 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at		
27 0 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
9 Trade profession or particular	Date of onset		
SAWYER, BOOKKEEPER, etc.	Tractino shall		
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
No. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this			
year) occupation occupation	Other Coutributory Causes of importance:		
12. BIRTHPLACE (city or town) Latrolle /	d.		
(State or/country)			
14. BIRTHPLACE (city or town)			
[State or country]	Name of operation		
	What test confirmed diagnosis? Was there an autopsy?		
E	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide		
O 16. BIRTHPLACE (city or town) (State of country)	Where did injury occur? Transacted 177d		
17. INFORMANT Clean Baken	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
(Address) Frostling Ind	Industry		
Place Shautsville and Date 14 1933	Manner of injury I see feel of habeac		
Place Transfer on Date 17 , 19.30	Nature of injury I welling about		
19. UNDERTAKER Address) / Shants	24. Was disease or injury in any way related to occupation of deceased?		
2/ () \$ _ 1/-	If so, specify (Signed) M. D.		
20. FILED 1933 OUTE Registrar.	(Signed) (Address) Therefore 772		
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

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Oly 85 Hall				
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN		